TEMPLE BETH ELOHIM NEW MEMBER APPLICATION 2016-2017

Name:		
Date of birth:	Email:	
Current address:		
City:	State:	ZIP Code:
Phone: (H)	Phone: (C)	Phone: (W)
Spouse		
Date of birth:	E-mail:	
Phone: (C)	Phone: (W)	Anniversary:
CHILDREN UNDER 18		
Name(s):	Age(s):	Gender(s):
DONATIONS		
I (we) would like to enclose a donation in the amount of \$		
☐ Capital Improvement	☐ General Fund	
ONEGS		
We ask all members host an Oneg, or co-host with a friend. Please select a date and one or two alternate dates. If you cannot host, you may make a donation to help defray the cost of items purchased for Onegs. October 21 (Sukkot), November 11, December 9, January 13, January 27, February 10, February 24, March 10, March 24, April 28, May 12		
Date #1	Date #2	Date #3
YAHRZEIT (use back of sheet for additional names)		
Name(s) of Deceased	Relationship to You	Date of Death
DUES		
s450 FAMILY MEMBERSHIP Two adult household with or without dependent children.	\$325 SINGLE MEMBERSHIP One adult with or without dependent children; one adult in an interfaith household, if desired.	\$250* FAMILY \$180* SINGLE ASSOCIATE MEMBERSHIP Member retains a current full membership in another temple (documentation required).
☐ \$36 FRIENDS OF TBE Friends of TBE are non-Jewish community members who wish to support our congregation. They will receive member pricing at temple functions.	\$18 CHAI MEMBERSHIP An independent student enrolled at a local college or university.	TOTAL DUES & DONATION(S)
SIGNATURES		
Signature of applicant:		Date:
Signature of spouse (only if for a joint membership):		Date:

Make checks payable to Temple Beth Elohim and mail with Membership Application no later than September 5th, to: Art Kaufman, Treasurer 2964 Mary Hines La. Georgetown, SC 29440