

**TEMPLE BETH ELOHIM
NEW MEMBER APPLICATION
2018-2019**

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 \$		
<input type="checkbox"/> Capital Improvement	<input type="checkbox"/> General Fund	
ONEGS		
<p>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. 2018 –Sept. 28 (Sukkot), October 12 & 26, November 9, December 7 (Chanukah) & 21 2019 - January 11 & 25, February 8 & 22, March 8 & 22 (Purim), April 12 & 26, May 10</p>		
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		
<input type="checkbox"/> \$450 FAMILY MEMBERSHIP Two adult household with or without dependent children.	<input type="checkbox"/> \$325 SINGLE MEMBERSHIP One adult with or without dependent children; one adult in an interfaith household, if desired.	<input type="checkbox"/> \$250* FAMILY <input type="checkbox"/> \$180* SINGLE ASSOCIATE MEMBERSHIP Member retains a current full membership in another temple (documentation required).
<input type="checkbox"/> \$36 FRIENDS OF TBE Friends of TBE are <u>non-Jewish</u> community members who wish to support our congregation. They will receive member pricing at temple functions.	<input type="checkbox"/> \$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:
Temple Beth Elohim, Attn: M. Bennett
PO Box 571
Georgetown, SC 29442