

**TEMPLE BETH ELOHIM
NEW MEMBER APPLICATION
2023-2024**

Name-Adult 1		
Date of birth:	Email:	
Current address:		
City:	State:	ZIP Code:
Phone: (H)	Phone: (C)	Phone: (W)
Name-Adult 2 (If applicable)		
Date of birth:	E-mail:	
Phone: (C)	Phone: (W)	Anniversary:
CHILDREN UNDER 18		
Name(s):	Age(s):	
DONATIONS		
I (we) would like to enclose a donation in the amount of \$		
<input type="checkbox"/> General Fund		
YAHRZEIT (use back of sheet for additional names)		
Name(s) of Deceased	Relationship to You	Date of Death
DUES		
<input type="checkbox"/> \$635 FAMILY MEMBERSHIP Two adult household with or without dependent children.	<input type="checkbox"/> \$450 SINGLE MEMBERSHIP One adult with or without dependent children; one adult in an interfaith household, if desired.	<input type="checkbox"/> \$385* FAMILY <input type="checkbox"/> \$275* SINGLE ASSOCIATE MEMBERSHIP Member retains a current full membership in another temple (documentation required).
<input type="checkbox"/> \$45 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 Adult 1:		Date:
Signature of Adult 2 (only for a joint membership):		Date:

If you did not pay on-line, make your check payable to Temple Beth Elohim and mail it with your Membership Application to:
Temple Beth Elohim, Attn: Michele Bennett, Treasurer
PO Box 571 Georgetown, SC 29442