

**TEMPLE BETH ELOHIM
NEW MEMBER APPLICATION
2020-2021**

Please return this application form no later than June 15, 2020.

Name:		
Date of birth:	Email:	
Current address:		
City:	State:	ZIP Code:
Phone: (H)	Phone: (C)	Phone: (W)
Spouse/Partner (If applicable)		
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"/> Security	<input type="checkbox"/> General Fund	
ONEGS Onegs are held on the 2 nd and 4 th Friday of each month.		
We ask all temple members (does not apply to Friends) to host an Oneg. 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 TBE purchases for Onegs. 2020 - September 11 & 25, October 9 (Sukkot) & 23, November 13, December 11 (Chanukah) 2021 - January 8 & 22, February 12 & 26 (Purim), March 12, April 9 & 23, May 14		
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"/> \$500 FAMILY MEMBERSHIP Two adult household with or without dependent children.	<input type="checkbox"/> \$360 SINGLE MEMBERSHIP One adult with or without dependent children; one adult in an interfaith household, if desired.	<input type="checkbox"/> \$275* FAMILY <input type="checkbox"/> \$200* SINGLE ASSOCIATE MEMBERSHIP Member retains a current full membership in another temple (documentation required).
<input type="checkbox"/> \$40 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/partner (only for a joint membership):		Date:

Make checks payable to Temple Beth Elohim and mail with your Membership Application to:
Temple Beth Elohim, Attn: Michele Bennett, Treasurer
PO Box 571 Georgetown, SC 29442