

Temple Beth El of Northern Westchester

220 South Bedford Road, Chappaqua, NY 10514 Phone: 914.238.3928 Fax: 914.238.4030 E-Mail: temple@bethelnw.org

APPLICATION FOR MEMBERSHIP

Welcome to Temple Beth El! May this be the beginning of a long and joyful membership in our congregation. In order to proceed, please complete all the information that is asked for in this form. Your responses will help us foster and maintain an environment that provides you with rich opportunities for worship, education and participation in our community. All information that you share with us is confidential.

 Instructions (please print or type):

1. If application is for an Individual or Single Parent, please complete Member A information only
2. If application is for a household of two Adults with or without children, please complete Member A information for one adult, and Member B information for the other.

Member A	Member B
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> Other:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> Other:
Last Name	Last Name
First Name Preferred/Nickname	First Name Preferred/Nickname
Date of Birth	Date of Birth
E-Mail Address	E-Mail Address
Cell Phone	Cell Phone
Occupation	Occupation
Title	Title
Firm Name	Firm Name
Address/City/State/Zip	Address/City/State/Zip
Business Telephone	Business Telephone

DATE OF MARRIAGE (If applicable): _____

Address Information	
For husband and wife memberships, mail will be addressed to "Jane & John Member" unless requested otherwise. Please address our mail as follows:	
Residence Street & Apartment # (All mail will be sent to residence unless requested otherwise)	
City/State/Zip	Phone
Billing (if different) Street & Apartment #	
City/State/Zip	

Children - Please complete as it applies to each of your children residing with you				
	1st Child	2nd Child	3rd Child	4th Child
Last Name				
First Name				
Nickname				
Hebrew Name				
Birthdate, Age and Sex	Date _____ Age _____ <input type="checkbox"/> Male <input type="checkbox"/> Female	Date _____ Age _____ <input type="checkbox"/> Male <input type="checkbox"/> Female	Date _____ Age _____ <input type="checkbox"/> Male <input type="checkbox"/> Female	Date _____ Age _____ <input type="checkbox"/> Male <input type="checkbox"/> Female
School Grade, Fall '10				
Secular School Name				
Beginning Years Early Childhood Center of Temple Beth El	<input type="checkbox"/> Now attending <input type="checkbox"/> Has attended <input type="checkbox"/> Will not attend <input type="checkbox"/> Send information	<input type="checkbox"/> Now attending <input type="checkbox"/> Has attended <input type="checkbox"/> Will not attend <input type="checkbox"/> Send information	<input type="checkbox"/> Now attending <input type="checkbox"/> Has attended <input type="checkbox"/> Will not attend <input type="checkbox"/> Send information	<input type="checkbox"/> Now attending <input type="checkbox"/> Has attended <input type="checkbox"/> Will not attend <input type="checkbox"/> Send information
Temple Beth El Religious School	<input type="checkbox"/> Now attending as non member <input type="checkbox"/> Will attend this yr <input type="checkbox"/> Send information	<input type="checkbox"/> Now attending as non member <input type="checkbox"/> Will attend this yr <input type="checkbox"/> Send information	<input type="checkbox"/> Now attending as non member <input type="checkbox"/> Will attend this yr <input type="checkbox"/> Send information	<input type="checkbox"/> Now attending as non member <input type="checkbox"/> Will attend this yr <input type="checkbox"/> Send information
Has become a Bar/Bat Mitzvah	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Expect to in the year:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Expect to in the year:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Expect to in the year:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Expect to in the year:
Has participated in confirmation (10 th grade)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Expect to in the year:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Expect to in the year:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Expect to in the year:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Expect to in the year:
Youth Group	<input type="checkbox"/> Put on Mailing List	<input type="checkbox"/> Put on Mailing List	<input type="checkbox"/> Put on Mailing List	<input type="checkbox"/> Put on Mailing List
Post High School - Living at Home	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
College Student	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Other People in Your Household			
Name			
Age			
Relationship			

Adult Children (18 years or older) Not Residing With You			
Last Name			
First Name			
Title			
Spouse Last Name			
Spouse First Name			
Spouse Title			
Street Address			
City, State, Zip			
Telephone			
Children:			
Name, birthdate			
Name, birthdate			
Name, birthdate			

Activities in which you are interested in volunteering or in which you would like to participate

Check to indicate interest	Member A	Member B		Member A	Member B
Worship Committee			Investment Advisory Committee		
Adult B'nei Mitzvah			Finance Committee		
Adult Education Committee			Ushering, Shabbat		
Adult Education Programs			Ushering, High Holy Days		
Children's Choir			Office Volunteer		
Adult Choir			Tikkun Olam Council		
House Committee			Social Action Programs		
Annual Fundraiser			Technology Committee		
Sisterhood			Outreach Committee		
Brotherhood			Outreach Programs		
Membership Committee			Religious School Committee		
Membership Programs			Nursery School Committee		
Communications Committee			College Committee		
Mitzvah Day Committee			Youth Committee		
Mitzvah Day Programs			Jr. Youth Programs (Grades 5-8)		
Caring Community Committee			Sr. Youth Programs (Grades 9-12)		
Caring Community Programs (assistance such as meals, transportation, shopping, visitation, etc.)					

Professional Background, Skills, Talents & Organizational Affiliations

Please describe your professional skills, talents, and involvement in Jewish and Community organizations.

Member A Background and Skills	Member B Background and Skills
Member A Jewish and Community organizations	Member B Jewish and Community organizations

Household Information

Please complete the information below to assist us in learning more about you and developing programs.

Our (my) household consists of (check all that apply):	Yes	No	Other Information: Please use the space below to indicate other information you would like us to know:
Single adult	<input type="checkbox"/>	<input type="checkbox"/>	
Two adults	<input type="checkbox"/>	<input type="checkbox"/>	
Two parents with child(ren) living at home	<input type="checkbox"/>	<input type="checkbox"/>	
Two parents with child(ren) not living at home	<input type="checkbox"/>	<input type="checkbox"/>	
Single parent with child(ren) living at home	<input type="checkbox"/>	<input type="checkbox"/>	
Single parent with child(ren) not living at home	<input type="checkbox"/>	<input type="checkbox"/>	
Everyone in our household is Jewish	<input type="checkbox"/>	<input type="checkbox"/>	
We are an interfaith family	<input type="checkbox"/>	<input type="checkbox"/>	

Yahrzeit Record

Please list the names of loved ones for whom you wish Yahrzeit notices sent, and indicate whether you wish to observe the secular or Hebrew date. Annually we will send you reminder letters and read names of loved ones at services.

Name of Deceased	Relationship	To Member A or B?	Secular Date	Hebrew Date

Miscellaneous Information

How did you hear about Temple Beth El?				
Name of previous Congregation affiliation:				
City/State:	Year left:	Any outstanding financial obligation?	Yes	No

Building Fund

Temple membership is the right of every Jewish family, regardless of ability to pay. And, temple membership is also a responsibility of every Jewish family. As you are aware, you are making a commitment when you join a congregation. One of your obligations is financial. In addition to annual "fair share" dues (a self assessment) and any applicable Religious School fees, each member makes a pledge to our Building Fund.

Our temple was built to accommodate existing and future members, with the cost to be shared by present and future participants. In order to provide for our future, the congregation has established a Building Fund requirement for each new family. This commitment is \$7,000, payable over seven years at \$1,000 per year (should the member decide to pay the Building Fund requirement in a lump sum, payment of \$6,500 will satisfy the obligation). In accordance with our fair share principle, we ask those who can afford to pledge more to do so. It is also provided that no one be excluded from membership because of inability to pay that "standard" level. The principle remains: "From each according to his or her ability."

For families whose head of household is under age 28, payment of the Building Fund is deferred until after three(3) years of membership or age 30, whichever is sooner.

For those families that qualify for our one-year membership incentive program (whose children are not in the B'nei Mitzvah prep. years) the building fund can be deferred for till either their child reaches the 3rd Grade or after three(3) years of membership, whichever is sooner.

Application Signature

I (we) hereby make application to become a member(s) of Temple Beth El. My/our Membership Fee Reply Form indicating my/our pledge and related fees for the year is attached. I (we) agree to abide by the By-laws, rules and regulations of the congregation.

Member A Signature	Member B Signature
Date	Date