

Temple Beth El Annual Membership Commitment Schedule 2008-2009

Temple Beth El welcomes all who wish to join our community *regardless of their ability to pay*. Although there is a set minimum commitment, many families contribute more to offset Temple Beth El's operating costs, extra programs and activities. Realizing our *YESOD* (Sustaining) membership level of \$1,300 may not be possible for all, Temple Beth El offers alternate membership commitment levels for those who require them. If you are unable to choose one of the following due to financial reasons, you will be contacted by administrator Andy Mauer, or our Budget and Finance Committee.

Please indicate the level of your Annual Membership Commitment below:

- | | HOUSEHOLD | INDIVIDUAL |
|---|---|----------------------------------|
| • <i>YESOD</i> (SUSTAINING) MEMBER | <input type="checkbox"/> \$1,300 | ----- |
| • INDIVIDUAL MEMBERSHIP | ----- | <input type="checkbox"/> \$1,000 |
| • OVER 70 YEARS OF AGE ON LIMITED INCOME
(youngest person must be over 70) | Voluntary, set your own level of commitment: <input type="checkbox"/> \$_____ | |

Membership Policies

1. Any person of the Jewish faith, eighteen years or older, upon written application, agreeing to the philosophy and objectives of this congregation as stated in the Bylaws, is eligible for membership.
2. Membership is offered to all regardless of financial ability.
3. All new members shall agree to contribute their Annual Membership Commitment as a condition of membership.
4. All membership contributions the first year will be prorated according to our fiscal year.
5. Annual Membership Commitments are reviewed and adjusted at the beginning of each fiscal year.
6. Annual Membership Commitments are billed and payable on the first day of the fiscal year. However, payment may also be made on a monthly basis. Payments must be made as scheduled to remain in "good standing" and to be entitled to full membership privileges.
Membership privileges include the following:
 - Enrollment of your child(ren) in Religious School
 - High Holy Days seating passes
 - Access to clergy for lifecycle events
 - Use of our facility at member rates
 - Member priority for facility usage
 - Member tuition rates for the Gan Preschool program
7. All new members shall contribute to the Temple Building Fund. The Building Fund Contribution is the equivalent of three years of the member's first year Annual Membership Commitment. This will need to be paid over the course of five years, beginning at the start of the third year of membership.
8. Members in good standing may request High Holy Days seating passes for dependent children under the age of 24 at no additional charge.
9. One year of free membership is provided to young adults and/or couples who join Temple Beth El before or on their 26th birthday.
10. A non-Jewish spouse or partner is considered a member, and is welcome to participate in all activities of the congregation, but may not hold an elected office.

The above membership policies are contingent upon the completion of the membership application.



MEMBERSHIP APPLICATION TEMPLE BETH EL

5975 South 12th St., Tacoma, Washington 98465
Phone 253.564.7101 Fax 253.564.7103 www.templebethel18.org

Welcome to Temple Beth El! Please complete all sections so that we may begin to get to know you.

Member Information: First Adult

Male Female

Name: _____ Nickname: _____

First Middle Last

E-mail: _____ Birthdate (mm/dd/yyyy): _____

Occupation: _____ Employer: _____

Work Phone: _____ Cell phone: _____

What is the best time to reach you? _____ at Home or Work

Are you Jewish? not Jewish? (We welcome members from diverse backgrounds.)

If Jewish by choice, please indicate date of conversion and Rabbi who converted you: _____

Previous Synagogue Affiliation: Yes No If yes, name & location of synagogue: _____

Please tell us your goals and interests in joining Temple: _____

Do you have special skills or interests that you would like to share? _____

Member Information: Second Adult

Male Female

Name: _____ Nickname: _____

First Middle Last

E-mail: _____ Birthdate (mm/dd/yyyy) : _____

Occupation: _____ Employer: _____

Work Phone: _____ Cell phone: _____

What is the best time to reach you? _____ at Home or Work

Are you Jewish? not Jewish? (We welcome members from diverse backgrounds.)

If Jewish by choice, please indicate date of conversion and Rabbi who converted you: _____

Previous Synagogue Affiliation: Yes No If yes, name & location of synagogue: _____

Please tell us your goals and interests in joining Temple: _____

Do you have special skills or interests that you would like to share? _____

Both Members

Home Address: _____
Street City State Zip

Home Phone: _____ Wedding Date, if applicable (mm/dd/yyyy): _____

Children in Household

Name	Birthdate (mm/dd/yyyy)	Year in school	<input type="checkbox"/> Male <input type="checkbox"/> Female
Name	Birthdate (mm/dd/yyyy)	Year in school	<input type="checkbox"/> Male <input type="checkbox"/> Female
Name	Birthdate (mm/dd/yyyy)	Year in school	<input type="checkbox"/> Male <input type="checkbox"/> Female
Name	Birthdate (mm/dd/yyyy)	Year in school	<input type="checkbox"/> Male <input type="checkbox"/> Female

Temple & Jewish Community Activities

Please indicate the activities in which you or your family members would like to participate, and note by name which family member(s) want to participate in each. Details about each of these activities may be found in our "Get Involved" brochure.

Sisterhood	Religious School	Temple Teens (middle school)	Dinners for Seven
Hadassah	Gan (preschool program)	Religious School or Hebrew School Staff	Chavurot
Council of Jewish Women	Parents & Me (for children up to age 2)	Summer Camp	Temple Hikers
Brotherhood	Yad b'Yad (high school program)	Volunteering at Temple	Committee Membership (please indicate which)
Adult Education	BBYO (high school)	Senior Activities	Other (please indicate)

How did you hear about us? _____

Do any of your family members need special accommodations? _____

Yahrzeits

Please list names and dates of loved ones for whom you wish yahrzeit recited at the Shabbat service immediately prior to the anniversary.

Name of member	Name of deceased	Relationship	Date of death (secular)	Hebrew date (if known)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Dues

Our Temple survives and thrives because of the generosity and commitment of our members. Our dues goal is based on a "fair share" system where our members contribute an average of 2% of their gross annual family income (this percentage is lower for those with lower incomes and higher for those with higher incomes). No one is turned away due to financial circumstances. We appreciate you making your dues pledge at a level that is meaningful to you (see dues pledge form). We welcome your membership and your commitment to Judaism in our community.

In addition to dues, each family is assessed an annual maintenance fee of \$120.

Our members also make a commitment to the Building Fund Reserve. This is assessed after three years of membership. Your Building Fund Reserve commitment will be set at three times your first year dues. Members are requested to complete these payments within five years.

_____	_____	_____
Signature (First Adult Member)	Signature (Second Adult Member)	Date

Office Use Only

Membership Chair Phone Call _____ Date _____ Board Approval: _____ Date: _____ Interests Passed On _____ Date _____

Yes! I want to become a member of Temple Beth El. I have noted the amount of dues I pledge to pay for the current year below.

I understand that I will have a Building Fund Reserve commitment of a minimum of \$_____payable after the third year of my membership.

I would also like to be a member of Project Amudim. Please enroll me in the following level in support of Temple Beth El and our Jewish community:

Project Amudim Membership Levels

- Platinum: \$5,000 or more above dues for one year.
- Gold: \$2,500-\$4,999 above dues for one year
- Silver: \$1,000-\$2,499 above dues for one year
- Bronze: Up to \$1,000 above dues for one year

My dues for 2008-2009 are	\$
<i>Plus Project Amudim contribution</i>	\$
Total 2008-2009 pledge	\$

I pledge to pay my dues:

- monthly
- quarterly
- twice a year
- check for total amount enclosed

I want to pay my dues:

- by check, please bill me (*must be paid in full by June 30, 2009*).
- by automatic deduction from my bank account (*please fill out form on back*).
- by credit card (*please fill out form on back*). If you choose this option, we would appreciate an additional contribution of up to 2% of your dues to offset the credit card fees.

I agree to pay the total above for the year 2008-2009 in full no later than August 31, 2009 except as noted above.

Please print your name(s)

Signature

Signature

Date

Temple Beth El BANK CARD and AUTOMATIC WITHDRAWAL PAYMENT OPTIONS

(All accounts must be paid in full by August 31, 2009, with the exception of the Building Fund Reserve)

- I would like to charge/automatic withdrawal my family contribution in one (1) payment. Fill out corresponding form below.
- I would like to charge/automatic withdrawal my family contribution in 12 equal payments (first payment in Sept. 2008, and last payment in August 2009). Fill out corresponding form below.
- I would like to charge/automatic withdrawal my family contribution in four (4) equal payments (first payment in Sept. 2008, last payment in August 2009). Fill out corresponding form below.

BANK CARD CHARGE AUTHORIZATION

VISA MasterCard Name (as it appears on your card) _____

Account Number _____

VCode (last three digital numbers on the back of your card by your signature) _____

Expiration Date _____

Street address that the bankcard statement is sent to (house numbers only) _____

Zipcode that the bankcard statement is sent to _____

Signature

Date

AUTOMATIC WITHDRAWAL AUTHORIZATION

- Purpose of Authorization:** New Authorization (complete A, B, C and **attach a voided check**)
 Existing Authorization (complete A, C)

A. Customer Information

Customer's Name (please print)

Account Number

Address

City, State, Zip

B. Banking/Financial Institution Information

Name of Bank/Financial Institution

Phone Number of Institution

Address

Account Number

Address

Bank ABA/Routing #

- Checking Savings

C. New & Existing Authorization Statement

I authorize and request Temple Beth El to instruct my financial institution to make my payments. I also understand I may discontinue this authorization at any time by giving written notice to Temple Beth El. I realize this information will be used solely for the purpose of consumer withdrawal.

Signature

Date