

## Temple Beth-El

### Application for Membership

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Eligible applicants must be of the Jewish faith and age 18 or older.  
We welcome interfaith families.

Applicant(s) name (s) \_\_\_\_\_  
\_\_\_\_\_

Marital Status: single \_\_\_ married \_\_\_ partnered \_\_\_ divorced \_\_\_ widowed \_\_\_  
If married, date of marriage \_\_\_\_\_ Date of conversion, if applicable \_\_\_\_\_

- ✓ Mailing Address \_\_\_\_\_
- ✓ Home Address \_\_\_\_\_
- ✓ Contact Information:
- ✓ Home phone: \_\_\_\_\_
- ✓ Cell Phones: \_\_\_\_\_

E-mail address for Temple contact \_\_\_\_\_

#### FAMILY INFORMATION

	Adult #1	Adult #2
FULL NAME inc maiden if app.		
Birth Date		
Birth Place		
Mother's full name		
Father's full name		
Former city of residence		
Name and place of last congregational affiliation		
Bar/Bat Mitzvah Date		
Occupation/Profession		
Place of employment		
Educational degrees		
Special skills, expertise, talents		
Temple Beth-El offers opportunities to participate in worship Brotherhood, Sisterhood, membership activities, Jewish studies, adult education, social action, choir, Board participation, youth activities, and religious school teaching. Please indicate your interest in participating in any of these.		

**CHILDREN**

NAME	Date of Birth	Current School Grade

**Yahrzeit Information**

NAME	Relationship	Date of Death

All Yahrzeits at Temple Beth-El will be read on the Hebrew day of the year. If you require an English date, please call the TBE office

If you would like Temple Beth-El to retain the name of an emergency contact for your family (someone not living in your household), please complete the following:

Name: \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone numbers \_\_\_\_\_

The Temple Beth El Directory is published once a year and distributed to all Temple members. In the space provided below, please indicate which information you would like to have published in the next Directory. (It is distributed only to current TBE members. (Example at below.)

NAMES: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

ADDRESS:

PHONE NUMBERS:

E-MAIL ADDRESSES:

Doe, Judy and Bill  
 Children: Mark, Susan  
 123 Desert Spring Street  
 Las Cruces, NM 88888  
 (h) 525-1111  
 (m) 525-1112  
 ((w) 525-1113  
  
bdoe@comcast.net  
 jdoe@nmsu.edu

Which of these is your PREFERRED method of contact for regular and more urgent Temple announcements e.g. weekly announcements, death of congregant etc.? \_\_\_\_\_  
 (If not specified, e-mail addresses will be used.)

Please indicate all household members for whom you are seeking membership.

Names	Relationship	Religious School Student?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is/are the applicants affiliated with any other religious organization or in any way connected with the Messianic movement (Jews for Jesus, Menorah Ministries etc? Yes\_\_\_ No\_\_\_

I/We hereby make application for membership in Temple Beth-El.

**Annual dues payment is 2% of gross family income. The fiscal year runs from July 1 to June 31. At least 25% is required with this application. Please indicate this year's total annual dues pledge:**

\_\_\_\_\_

**2009-2010 Dues Schedule**

ANNUAL INCOME	DUES
Up to \$30,000	\$600
\$30,000-\$40,000	\$600-\$800
\$40,000-\$50,000	\$1000-\$1200
\$60,000-\$70,000	\$1200-\$1400
\$70,000-\$80,000	\$1400-\$1600
\$80,000-\$90,000	\$1600-\$1800
\$90,000-\$100,000	\$2000-\$2200
\$100,000-\$120,000	\$2200-\$2400
Greater than \$120,000	2% gross family income

**Please note: This amount will be reduced by 50% for applications received after December 31st in the fiscal year. Those with household incomes of less than \$30,000 or otherwise requesting a reduction in dues should complete the enclosed "Dues Modification Request" along with this application. Membership will NOT be denied because of inability to pay when request is made.)**

I/We understand that a separate payment to the Building Maintenance Fund is a requirement for membership in Temple Beth-El. This one-time assessment of \$400 is payable as either a lump sum payment in year one, or in 4 annual payments of at least \$100 beginning year one.

Please include with this application at least 25% of your annual due pledge as well as at least the first building maintenance payment of \$100.

Total amount submitted with application:

Dues payment	_____
Building Maintenance payment	_____
Total submitted	_____

Signatures of Applicant(s) \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_ Date \_\_\_\_\_

### Request for Dues Modification

I am requesting a dues adjustment for the following reasons:  
*Membership will NOT be denied because of inability to pay when request is made.*

(Please indicate all that apply)

- I live in Las Cruces for fewer than 6 months of the year. \_\_\_\_\_
- Health and family issues prevent me from making my fair share pledge this year. \_\_\_\_\_
- Other \_\_\_\_\_

I feel that I can offer an adjusted pledge of \_\_\_\_\_

\_\_\_\_\_  
Signature

For Board Use Only

Approved _____	
Reviewed by _____	Date _____
Treasurer	
_____ President	Date _____