

# Welcome to Temple Beth El

## MEMBER A INFORMATION

First and Last Name		
Check one <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Rabbi <input type="checkbox"/> Cantor	Birth Date mm/dd/yyyy   /   /	
Hebrew name (please use English letters)	Prior Synagogue and Location	
Email		
Former/Current Occupation	Business Name	
Business Telephone	Business Email	
Cell Phone	Can we use your cell phone for emergency texting services? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are You Retired? <input type="checkbox"/> Yes <input type="checkbox"/> No
Religious Background <input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Other	Non-Jewish (denomination) <input type="checkbox"/>	

## MEMBER B INFORMATION

First and Last Name		
Check one <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Rabbi <input type="checkbox"/> Cantor	Birth Date mm/dd/yyyy   /   /	
Hebrew name (please use English letters)	Prior Synagogue and Location	
Email		
Former/Current Occupation	Business Name	
Business Telephone	Business Email	
Cell Phone	Can we use your cell phone for emergency texting services? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are You Retired? <input type="checkbox"/> Yes <input type="checkbox"/> No
Religious Background <input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Other	Non-Jewish (denomination) <input type="checkbox"/>	

## HOUSEHOLD INFORMATION

Residence Address			
City	State	Zip Code	Subdivision
Home Phone		Home Fax	
Billing Address if different than above			
Billing City	Billing State	Billing Zip Code	
Marital Status <input type="checkbox"/> Married/ Partnered   Date of Marriage   /   / <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Separated /Divorced			

**Schaefer Family Campus**   333 SW 4<sup>th</sup> Avenue | Boca Raton, FL 33432 | P 561 391 8900 | F 561 395 8913

**Beck Family Campus**   9800 Yamato Road | Boca Raton, FL 33434 | P 561 391 9091 | F 561 391 8971

**CHILDREN: Children 26 and under are included in your membership.**



**CHILD 1**

First and Last Name
Gender
Birth Date mm/dd/yyyy       /       /
Name of School, College/University or Name of Business
School Year/Grade

**CHILD 2**

First and Last Name
Gender
Birth Date mm/dd/yyyy       /       /
Name of School, College/University or Name of Business
School Year/Grade



**CHILD 3**

First and Last Name
Gender
Birth Date mm/dd/yyyy       /       /
Name of School, College/University or Name of Business
School Year/Grade

**CHILD 4**

First and Last Name
Gender
Birth Date mm/dd/yyyy       /       /
Name of School, College/University or Name of Business
School Year/Grade



**OTHER PEOPLE IN HOUSEHOLD**

First and Last Name
Relationship
Name
Relationship



By participating in Temple events, I understand that my photograph may be used in a wide variety of promotional material.

**→ HOW DID YOU FIND US?**

Referred by \_\_\_\_\_

Are you or your spouse related to any Temple Beth El members?  Yes  No

Member	Relationship
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Member	Relationship
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Reason for Joining

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**→ GET INVOLVED**

We would love you to be involved in the Temple. Please let us know your areas of interest and we will be in touch with you.

Please check the boxes about which you would like more information.

- Religious Activities and Spiritual Growth
- Social Action - Community Service
- Social Engagement
- Volunteer Opportunities to assist the Temple
- Adult Learning

Please describe professional expertise that you might be willing to share with Temple Beth El as a volunteer

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

We welcome any comments regarding special interests, or needs you may have:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DO YOU HAVE LOVED ONES YOU WOULD LIKE PLACED ON OUR KADDISH LIST**

The remembrance of the anniversary of the passing of a loved one(s)



Name	Name
Relationship	Relationship
Relative of (name)	Relative of (name)
Full Date of Death (MM/DD/YYYY)	Full Date of Death (MM/DD/YYYY)
Name	Name
Relationship	Relationship
Relative of (name)	Relative of (name)
Full Date of Death (MM/DD/YYYY)	Full Date of Death (MM/DD/YYYY)
Would you prefer we mark the Hebrew calendar or Secular calendar anniversary (Yahrzeit) of your loved one's passing? <input type="checkbox"/> Hebrew <input type="checkbox"/> Secular	Would you prefer we mark the Hebrew calendar or Secular calendar anniversary (Yahrzeit) of your loved one's passing? <input type="checkbox"/> Hebrew <input type="checkbox"/> Secular

Please attach extra pages, if necessary.

**FINANCIAL RESPONSIBILITIES**

- I/We agree and understand that the fiscal year for membership begins on July 1 and that Temple Beth El relies on our Congregational Commitment and additional fees for support.
- I/We agree to pay all charges to our account when due.
- I/We understand that our account must be current to receive our High Holy Day tickets.
- I/We understand that all financial obligations are payable according to synagogue policy. In the event of resignation, I/we will be responsible for all obligations accrued prior to resignation.

**Temple Beth El gladly accepts payments through check, or credit card (Visa, Mastercard, Discover and American Express) with the additional option of setting up recurring billing.**

<b>Please select your payment plan (All billings will begin July 1.)</b> <input type="checkbox"/> Annual <input type="checkbox"/> 3 payments (scheduled for July, October and December) <input type="checkbox"/> 10 payments (scheduled for July through April)	<input type="checkbox"/> I would like to make a voluntary contribution of 3% of my payment amount to help offset credit card processing fees
Signature Member A 	Date
Signature Member B 	Date

**PLEASE CHARGE MY CREDIT CARD FOR THE MEMBERSHIP PAYMENT PLAN SELECTED**

Credit Card #	Exp. Date
Signature 	

You will receive an email shortly to register for our online Member Account Management System.

**FOR OFFICE USE ONLY**

Membership Category		
Annual Congregational Commitment Amount (Fiscal Year July 1-June 30)		Family ID
Voluntary 3% to offset credit card processing fees		Paid Date
Annual Security Assessment	\$250	Check #
<b>TOTAL FOR FISCAL YEAR</b>		Amount