

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"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> Rabbi <input type="checkbox"/> Cantor	Nickname
Hebrew name (please use English letters)	Birth Date / /
Email	
Occupation	Business Name
Business Telephone	Business Email
Cell Phone	Prior Temple and Location
Religious Background <input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Conversion	Non-Jewish (denomination)

MEMBER B INFORMATION

First and Last Name	
Check one <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> Rabbi <input type="checkbox"/> Cantor	Nickname
Hebrew name (please use English letters)	Birth Date / /
Email	
Occupation	Business Name
Business Telephone	Business Email
Cell Phone	Prior Temple and Location
Religious Background <input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Conversion	Non-Jewish (denomination)

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 Date of Marriage / /	<input type="checkbox"/> Engaged	<input type="checkbox"/> Single	<input type="checkbox"/> Partnered
	<input type="checkbox"/> Widowed	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced

Schaefer Family Campus 333 SW 4th 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 26 AND UNDER



CHILD 1

Name
Gender
Nickname
Birth Date / /
Name of School
Religious School Grade
Public/Private School Grade

CHILD 2

Name
Gender
Nickname
Birth Date / /
Name of School
Religious School Grade
Public/Private School Grade



CHILD 3

Name
Gender
Nickname
Birth Date / /
Name of School
Religious School Grade
Public/Private School Grade

CHILD 4

Name
Gender
Nickname
Birth Date / /
Name of School
Religious School Grade
Public/Private School Grade



OTHER PEOPLE IN HOUSEHOLD

Name
Relationship
Name
Relationship

➔ 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

➔ INTERESTS AND INVOLVEMENT

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

- | | |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Adult Education and Programs | <input type="checkbox"/> 20s and 30s, Singles and Couples |
| <input type="checkbox"/> Youth Engagement Programs | <input type="checkbox"/> Senior Circle (events and programs) |
| <input type="checkbox"/> Early Learning Center (infant care, preschool, summer camp) | <input type="checkbox"/> Sisterhood |
| <input type="checkbox"/> Religious School | <input type="checkbox"/> Brotherhood |
| <input type="checkbox"/> B'nai Mitzvah | <input type="checkbox"/> Israel (events and programs) |
| <input type="checkbox"/> Family Events | <input type="checkbox"/> Tikkun Olam/Community Service |
| | <input type="checkbox"/> Volunteer Opportunities |

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

➔ I do not give the Temple permission to use any photographs of me for publicity or marketing purposes.

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

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)

Please attach extra pages, if necessary. Unless otherwise requested, English dates will be observed.

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.

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

PLEASE CHARGE MY CREDIT CARD FOR THE MEMBERSHIP PAYMENT PLAN SELECTED

Credit Card #	Exp. Date
Signature	
<i>X</i>	

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	\$300	Check #
TOTAL FOR FISCAL YEAR		Amount