

2018-2019

**Membership Application**

**B’ruchim Haba’im!**

Welcome to Congregation Beth Shalom of Brandon. We are delighted that you are interested in our congregation. We are a temple affiliated with the Union for Reform Judaism (URJ) that welcomes members of all ages and backgrounds to be active and vital in our congregation. As a young and growing temple, we value all of our members and the diversity each one brings. We are small enough to know names and faces, and large enough to enjoy a variety of friends and social events.

Our emphasis is on education, fostering Jewish values and ideals through worship, teaching, and social functions.

Our Religious School caters to preschoolers through confirmation class with special attention on bar/bat mitzvah studies. Our groups and activities include Torah Tots, Youth Group, Life Long Learning, Choir, and much more. We have a range of diverse activities for preschool aged children and their families.

We encourage new members to become involved in one of our many committees, including Education (Religious School and Life Long Learning), Fundraising, Membership, Ritual, Oneg, Caring and Social Action. We would love for you to be a part of Beth Shalom and its future. We invite you to join us for worship services every Friday evening at 7:00pm, and select Saturday mornings at 10:00am.

**Personal Information**: It is the hope of Congregation Beth Shalom of Brandon that our new members will feel welcome and become an integral part of our Congregational family. This application helps us to get to know you. Thanks for taking the time to complete it. Please provide the information requested so that we can facilitate your involvement in our Congregation.

Family Name

Address

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Associate Membership Applicants Only:*

Congregation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_

**ADULT #1 (Primary Contact)**

Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender \_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hebrew Name (if known) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADULT #2 (Secondary Contact – if applicable)**

Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender \_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hebrew Name (if known) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Marital Status**: 🔾 Single 🔾 Married 🔾 Divorced 🔾 Widowed 🔾 Partnered

Anniversary Date (If Applicable) (MM/DD/YY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CHILDREN** **(Continue on reverse, if necessary)**

**CHILD 1** Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender \_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hebrew Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Live with you? Y / N

**CHILD 2** Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender \_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hebrew Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Live with you? Y / N

**CHILD 3** Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender \_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hebrew Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Live with you? Y / N

**Yahrzeit Observance**

Yahrzeits are observed and announced at the Shabbat services prior to the anniversary of the date of death, based on the Hebrew calendar. Please list the information for family members you wish remembered. Attach additional names, if necessary.

**1**. Name (English) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Death \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This person is the (father, aunt, brother, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hebrew Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Observance on Hebrew Date or Common Date

**2**. Name (English) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Death \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This person is the (father, aunt, brother, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hebrew Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Observance on Hebrew Date or Common Date

**3**. Name (English) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Death \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This person is the (father, aunt, brother, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hebrew Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Observance on Hebrew Date or Common Date

**4**. Name (English) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Death \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This person is the (father, aunt, brother, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hebrew Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Observance on Hebrew Date or Common Date

**What aspects of synagogue life interest you?** (List member name next to interest)

Ritual/Worship Men’s Club

Choir Social Action

Life Long Learning Oneg Committee

Library/Page Turners Publicity

Chavurah (Social Group) Facility & Safety

Fundraising Caring

Newsletter (Kibbitzer) Youth Group

Membership Religious School

**What are your skills and talents?** (List member name next to interest)

Finance Editing/Proofing

Architecture Fundraising

Art Work Computer Tech

Reading/Chanting Torah Teaching

Conducting Services Music/Musical Instruction

Cooking/Baking Public Relations

Arts/Crafts Construction/Repair

Law Other

I hereby make application for membership to Congregation Beth Shalom of Brandon, a Reform temple. I will abide by the Bylaws and other regulations of the temple. I understand that my dues must be current to enroll my child / children in Religious School. Religious School fees are billed separately.\*

I pledge my basic annual membership dues of $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I would like to pay my dues:

❑ Monthly ❑ Quarterly ❑ Semi-Annually ❑ Annually

***This application is only for membership to the Congregation.***

***Religious School Registration and Fees as well as Teen Youth Group***

***are independent of this commitment.***

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date approved by the Board of Directors: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* Please see the schedule of dues included in this membership packet.

Administrative Use Only

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Rec’d | Bd App | To Bk | Mem Dir | Kib (if app) |
| FH Rev | Wel Ltr | Email | Sk/Int | RS (if app) |
| To Mem | File | Mimi |  | CAFA (if app) |

For additional information, please call the temple office 813-681-6547.

*The Richard S. Glaser Center for Education and Worship*

706 Bryan Road • Brandon, Florida 33511 • www.bethshalom-brandon.org

(813) 681-6547 office • (813) 681-7517 fax



Annual Membership Dues Schedule 2018-19

**CATEGORY** **Membership**

FAMILY MEMBERSHIP\* $1,800

SINGLE PERSON MEMBERSHIP\*\* $900

CHAI2 YOUNG FAMILY PROGRAM\*\*\* $675

ASSOCIATE MEMBERSHIP\*\*\*\* $525

\* A single parent with children is considered a Family Membership.

\*\* A single person membership is only for **adult** individuals with no children.

Minors may NOT be Single Members.

\*\*\* Families with at least one pre-school age child are eligible.

\*\*\*\* Full member at any Jewish temple or synagogue – Verification is required.

*If you need to discuss financial arrangements confidentially,*

*please contact our Treasurer at* ***jacobson1brandon@hotmail.com***

Religious School Fee Schedule

***Full payment or a confirmed payment schedule is required before August 12, 2018.***

*$25 Early Bird Discount if paid prior to first day of school*

# **Grades K, 1** $125

Meets monthly on Sundays

**Grades 2, 3, 4, 5, 6, 7** $325

Total price includes tuition, registration, books and supplies. Meets Sundays

**Confirmation** $225

Total price includes pizza. Confirmation meets bi-monthly

Note: Religious School is available only to the children of regular members who are in good standing.