



Congregation Beth Shalom
of Brandon

2020 - 2021

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 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 7:30pm, and select Saturday mornings at 10:00am.

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

The Richard S. Glaser Center for Education and Worship

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 _____

Marital Status: Single Married Divorced Widowed Partnered

Anniversary Date (If Applicable) (MM/DD/YY) _____

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

CHILD 4 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 _____

Annual Membership Dues Schedule 2020-2021

CATEGORY	MEMBERSHIP
FAMILY MEMBERSHIP ◆ One or two adults in a household	\$1,800
SINGLE PERSON MEMBERSHIP ◆ One adult in a household with no children ◆ Adult must be 18 years or older	\$900
CHAI ² YOUNG FAMILY PROGRAM ◆ Families with at least one pre-school age child are eligible. ◆ First year of Religious School will be reduced to \$100 per child.	\$360
ASSOCIATE MEMBERSHIP ◆ Verification of full membership at any synagogue	\$525

If you need to discuss financial arrangements confidentially, please contact our Treasurer at allanweber2006@gmail.com

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

Applicant's Signature: _____

Date: _____

Please return completed application to our Temple Administrator during regular office hours or email it to CBSMembership@hotmail.com

Date approved by the Board of Directors: _____

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)



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Religious School Fee Schedule

Full payment or a confirmed payment schedule is required before August 09, 2020.

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

Grades K, 1 \$200
Meets monthly on Sundays

Grades 2-7 \$325
Total price includes tuition, registration, books and supplies. Meets Sundays

Confirmation \$225
Total price includes pizza. Confirmation meets bi-monthly (Early Bird Discount does not apply)

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

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