



**Congregation Beth Shalom**  
**of Brandon**

2022-2023

# Membership Application

## B'ruchim Haba'im Welcome

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 Social Action, Adult Education, Men's Club, 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.

**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 in order 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 skills and talents)

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 2022-2023

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
ASSOCIATE MEMBERSHIP ◆ Verification is required that you are a of full member at any other synagogue.	\$525

***If you need to discuss financial arrangements confidentially, please contact our Treasurer, Sandy Schwartz at 813-494-8086 or drsandy18@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 the completed application to our Membership Chairperson or one of our Executive Board officers or email it to cbs-brandon@outlook.com***

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

08/19/2022 TK



**Congregation Beth Shalom**  
**of Brandon**

**Religious School Fee Schedule**

*Full payment or a confirmed payment schedule is required before start of the school year.*

**Grades K, 1**..... \$200per child  
Meets monthly on Sundays

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

**Confirmation** .....\$225per child

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

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

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(813) 681-6547 office