

2023-2024

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	Sto	ate	Zip
Primary Phone	Fax		
Associate Membership A	Applicants Only:		
Congregation		State _	Zip
ADULT #1 (Primary Cont	tact)		
Full Name			Gender
Email Address	Ce	ell Phon	e
Birthdate	Hebrew Name (if know	n)	
Occupation	Employer		
	contact – it applicable) Ce		
	Hebrew Name (if know		
	Tieblew Name (ii know		
Marital Status: O Single	• Married • Divorced • Wide Diicable) (MM/DD/YY)	dowed	O Partnered
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 Obse	ervance on Hebrew Dateor Common Date		
2 . Name (English)	Date of Death		
This person is the (father, aunt, brother, etc	.) of		
Hebrew NameObse	Observance on Hebrew Dateor Common Date		
3 . Name (English)	Date of Death		
This person is the (father, aunt, brother, etc	.) of		
Hebrew NameObse	Observance on Hebrew Dateor Common Date		
4 . Name (English)	Date of Death		
This person is the (father, aunt, brother, etc	.) of		
Hebrew Name Obse	ervance on Hebrew Dateor Common Date		
Ritual/Worship Choir Life Long Learning Library/Page Turners Chavurah (Social Group)	Social Action Oneg Committee Publicity		
Fundraising			
Newsletter (Kibbitzer)			
Membership	Religious School		
	t member name next to skills and talents)		
Finance			
Architecture	Fundraising		
Art Work	Computer Tech		
eading/Chanting Torah Teaching			
Conducting Services	Music/Musical Instruction		
Cooking/Baking			
Arts/Crafts	Construction/Repair		

Annual Membership Dues Schedule

CATEGORY	MEMBERSHIP			
FAMILY MEMBERSHIP ◆ One or two adults in a household	\$2,160.00			
SINGLE PERSON MEMBERSHIP ◆ One adult in a household with no children ◆ Adult must be 18 years or older	\$1,080.00			
ASSOCIATE MEMBERSHIP- Family ◆ Verification is required that you are a of full member at synagogue.	\$1,080.00 any other			
ASSOCIATE MEMBERSHIP-Single	\$540.00			
Chai² ◆ Families with children under children under 5 years old	\$432.00			
If you need to discuss financial arrangements confidentially, p Treasurer, Sandy Schwartz at 813-494-8086 or drsandy18@gm				
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 \$	<u></u> .			
I would like to pay my dues:				
☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually	ally			
Applicant's Signature:				
Date:				
Please return the completed application to our Membership Chair Executive Board officers or email it to cbs-brandon@out				
Date approved by the Board of Directors:				

Religious School Fee Schedule

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

Grades K, 1 Meets monthly on Sundays	. \$300per child		
Grades 2-7 Total price includes tuition, registration, books, and supplies. Meets Sundays	\$425per child		
Confirmation	\$325per child		
Note: Religious School is available only to the children of members who are in good standing.			