

Temple Beth El Membership Application

Personal Information (Please print)

	Adult 1 <input type="checkbox"/> Male <input type="checkbox"/> Female	Adult 2 <input type="checkbox"/> Male <input type="checkbox"/> Female
Full name	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Other _____ First MI Last	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Other _____ First MI Last
Preferred name (Nickname)		
Hebrew name (if known)		
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married (Date __/__/__) <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other	<input type="checkbox"/> Single <input type="checkbox"/> Married (Date __/__/__) <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other
Date of Birth		
Years lived in Knoxville		
Religious Background	<input type="checkbox"/> Jewish <input type="checkbox"/> Not Jewish <input type="checkbox"/> Considering Conversion	<input type="checkbox"/> Jewish <input type="checkbox"/> Not Jewish <input type="checkbox"/> Considering Conversion
Bar/Bat Mitzvah	<input type="checkbox"/> Yes (Date __/__/__) <input type="checkbox"/> No	<input type="checkbox"/> Yes (Date __/__/__) <input type="checkbox"/> No
Previous Congregational Affiliation	Name _____ Address _____	Name _____ Address _____
Have you been affiliated with a local Congregation	<input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____
Did a member of Temple Beth El ask you to join	<input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____

Contact Information

How would you like your name(s) to appear on Temple mailings
Name(s): _____
Home Address: _____
City: _____ State: _____ Zip Code _____
Phone: (____) _____ Adult 1 cell: (____) _____ Adult 2 cell: (____) _____
Fax: (____) _____ Adult 1 e-mail: _____ Adult 2 e-mail: _____
Emergency contact name _____ Phone Number _____

Dependent Information

	Child 1 <input type="checkbox"/> Female <input type="checkbox"/> Male	Child 2 <input type="checkbox"/> Female <input type="checkbox"/> Male	Child 3 <input type="checkbox"/> Female <input type="checkbox"/> Male	Child 4 <input type="checkbox"/> Female <input type="checkbox"/> Male
First Name				
Last Name				
Nickname				
Hebrew Name				
Date of Birth				
Grade				
Secular School				
College Name				

Business Information

	Adult 1	Adult 2
Occupation		
Company Name		
Position/Title		
Specialization		
Business Address		
Business Phone		

Yahrzeit Information

Please list the names of those who have died and for whom you wish Yahrzeit recited. Those people will be memorialized at the Shabbat services prior to the anniversary date according to either the Jewish or secular calendar. Names should be limited to immediate family (parents, grandparents, children, siblings, etc.). We observe Yahrzeits from Sunday through Saturday, reading on Friday evening.

Name: _____ Relationship: _____ Secular date of death: _____ Hebrew date of death: _____ I (we) observe <input type="checkbox"/> secular date <input type="checkbox"/> Hebrew date
Name: _____ Relationship: _____ Secular date of death: _____ Hebrew date of death: _____ I (we) observe <input type="checkbox"/> secular date <input type="checkbox"/> Hebrew date

Name: _____ Relationship: _____ Secular date of death: _____ Hebrew date of death: _____ I (we) observe <input type="checkbox"/> secular date <input type="checkbox"/> Hebrew date
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Interest and Involvement Information

Here at Temple Beth EI we value active participation and depend on each member to build and sustain our vibrant community. Our hope and expectation is that every member engages in meaningful ways and we believe that sharing our time and talent deepens connections and strengthens our community. Please tell us how you would like to help our community thrive.

Temple Beth EI welcomes volunteers. Can we count on you to help with:	Do you have any special skills, talents or hobbies that you might share with us?	Would you be interested in being a member of a standing committee?
<input type="checkbox"/> Mailing	<input type="checkbox"/> Art	<input type="checkbox"/> Budget and Finance
<input type="checkbox"/> Directory	<input type="checkbox"/> Music	<input type="checkbox"/> School & Youth
<input type="checkbox"/> Making phone calls	<input type="checkbox"/> Photography	<input type="checkbox"/> Membership
<input type="checkbox"/> Preparing a newsletter	<input type="checkbox"/> Theater	<input type="checkbox"/> Ritual & Worship
<input type="checkbox"/> Maintaining the library	<input type="checkbox"/> Crafts	<input type="checkbox"/> House and Property
<input type="checkbox"/> Assisting with Onegs	<input type="checkbox"/> Writing/Editing	<input type="checkbox"/> Social, Event Planning
<input type="checkbox"/> Memorial Book	<input type="checkbox"/> Computer	<input type="checkbox"/> Fundraising
<input type="checkbox"/> The Judaic Shop	<input type="checkbox"/> Publicity	<input type="checkbox"/> Caring Community
<input type="checkbox"/> Greeting and Ushering	<input type="checkbox"/> Substitute Teaching	<input type="checkbox"/> Cemetery
<input type="checkbox"/> Cooking, Baking	<input type="checkbox"/> Hebrew Tutor	<input type="checkbox"/> Adult Education

How did you become interested in joining Temple Beth EI?

Have you previously made cemetery/interment plans? Yes No Where _____

Would you like to be contacted about cemetery/interment rights? Yes No

Are you interested in joining Women of Reformed Judaism (also known as Sisterhood)? Yes No

Are you interest in attending Adult Education Classes? Yes No

Are you interesting in Adult Bar/Bat Mitzvah Classes? Yes No

Are you interested in attending Conversion Classes? Yes No

Please describe your hopes and goals for your membership experience at Temple Beth EI:

Temple Beth EL Annual Dues Proposal

Applicant's Name _____

Co-Applicant's Name _____
First M Last

Temple Beth El's fiscal year begins July 1, 2018 and ends June 30th, 2019. Dues will be prorated as the year progresses. We believe no one should be denied the opportunity to experience Jewish community for financial reasons. Our community uses a **Fair Share Dues Commitment** system suggesting 2% of your gross annual household income. You can be assured that you will never be asked to reveal your income. However, it is important to understand a Fair Share Dues Commitment system is based on the honor system and each member is asked to act in accordance with what he or she knows "is the right thing to do."

In 2018-19, it will cost the Temple an average of \$2,000 per membership unit to meet Temple Beth El's operating budget. Fair share dues are a critical component to the financial health of Temple Beth El and account for over **76%** of our annual budget.

If you are an active member of Heska Amuna or Oak Ridge Jewish Congregation and are interested in a dual membership, the recommended dues is set at \$400 per family. You must be a member in good standing at your primary Synagogue.

Primary Membership

Dual Membership

Proposed dues for 2018-2019 \$ _____

Total Amount enclosed \$ _____

(Initial 25% of dues deposit must accompany this application)

I (We) hereby submit application for membership in Temple Beth El. Upon acceptance, I (We) agree to support the Temple and its Reform Community and abide by its constitution, by-laws, rules and regulations. I (We) understand that acceptance of this membership is subject to the approval of the Board of Directors.

Adult 1 Signature: _____ Date: _____

Adult 2 Signature: _____ Date: _____