



TEMPLE BETH ISRAEL

www.tbiwaltham.org
office@tbiwaltham.org

25 Harvard Street
Waltham, MA 02453
781-894-5146

Membership Application 2016-2017

	Adult #1	Adult #2
Name		
Address		
City, State, Zip		
Phone	Home	Home
	Mobile	Mobile
	Work	Work
Email Address		
Hebrew Name	_____ Ben/Bat _____	_____ Ben/Bat _____
Birthday		
Are you a Kohen or a Levi?		
Names and Birthdates of Children		
Emergency Contact Information		

Yahrzeit Dates and names of relatives	<p>We will list the names of those you remember in the Temple Bulletin during the month of their Yahrzeits. Please attach an additional sheet if you need more space. Contact the Temple office to purchase memorial plaques, or if you would like to arrange a weekday minyan so you can say Kaddish.</p> <table border="1" data-bbox="440 331 1406 814"> <thead> <tr> <th data-bbox="440 331 691 478">Yahrzeit Date (Hebrew Month and Day, if known)</th> <th data-bbox="691 331 992 478">Name</th> <th data-bbox="992 331 1406 478">Relationship to You</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Yahrzeit Date (Hebrew Month and Day, if known)	Name	Relationship to You																														
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Synagogue Skills and Learning	<p>How would you like to become involved in the daily life of Temple Beth Israel?</p> <p> <input type="checkbox"/> Read from the Torah <input type="checkbox"/> Chant Haftarah <input type="checkbox"/> Give a D'var Torah <input type="checkbox"/> Lead parts of Shabbat Services <input type="checkbox"/> Attend morning minyan if called <input type="checkbox"/> Teach a class (on what?) _____ <input type="checkbox"/> Classes with Rabbi Finkelstein (topics of interest? _____) </p>																																	
Additional Opportunities to Get Involved	<p> <input type="checkbox"/> Help with food preparation <input type="checkbox"/> Help with food shopping <input type="checkbox"/> Member outreach/making calls <input type="checkbox"/> Fund raising <input type="checkbox"/> Visit members in hospital/ home <input type="checkbox"/> Offer rides so members can attend <input type="checkbox"/> Children's Programming <input type="checkbox"/> Write press releases or publicity <input type="checkbox"/> Building and grounds <input type="checkbox"/> Provide office or website support <input type="checkbox"/> Help plan social events <input type="checkbox"/> Other: _____ </p>																																	
Contact Preferences	<p>Temple Beth Israel contacts members from time to time by email and shares contact information with members.</p> <p> <input type="checkbox"/> Please DO NOT contact me/us by email regarding Temple news and events. <input type="checkbox"/> Please DO NOT list my/our names and contact information in the Membership Directory. <input type="checkbox"/> Please ADD ME to the <i>Chesed / Caring</i> email list so I can be informed of opportunities to reach out to the Temple community in times of joy, concern, and sorrow. </p> <p>We will send the Temple newsletter to the email address(es) provided above. You also may pick up a paper copy when you are in the Temple.</p> <p><input type="checkbox"/> Please continue to send me a printed copy of the Temple newsletter by US Mail.</p>																																	



Temple Beth Israel Contribution and Pledge Form 2016-2017

Name(s)	
<p>Sustaining Membership Contribution</p> <p>The recommended, sustaining membership contribution is \$500 per individual, \$1000 per family. If you are able to give more, please contribute at a higher level to help support members who are unable to meet the recommended contribution. Please be as generous as you can. Everyone is welcome.</p> <p><input type="checkbox"/> Individual (\$500) <input type="checkbox"/> Family (\$1000) <input type="checkbox"/> Other Amount _____</p>	<p style="text-align: center;">\$ _____</p>
<p>Sustaining Membership High Holy Day Pledge</p> <p>Please indicate the amount of your annual High Holy Day pledge.</p> <p><input type="checkbox"/> Individual (\$200) <input type="checkbox"/> Family (\$400) <input type="checkbox"/> Other Amount _____</p> <p><input type="checkbox"/> Pay Now <input type="checkbox"/> Bill me later</p>	<p style="text-align: center;">\$ _____</p>
<p>Building Fund Assessment</p> <p>This mandatory assessment supports the upkeep and maintenance of our building.</p> <p><input type="checkbox"/> Individual \$50 <input type="checkbox"/> Family \$100</p>	<p>Select one:</p> <p style="text-align: center;">\$50 / \$100</p>
<p>Kiddush Fund Contribution</p> <p>Sharing a light lunch after services each Shabbat strengthens and creates community. \$150 sponsors one Shabbat lunch for 35 to 40 people, our usual attendance on Shabbat morning. If that amount is prohibitive, please contribute a smaller amount to partially sponsor a Shabbat lunch.</p> <p>Please list the date(s) and occasion(s) for which you would like to sponsor:</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Pay Now <input type="checkbox"/> Bill me later</p> <p>If you are participate in Shabbat lunch regularly, we especially request that you sponsor a Shabbat lunch at least once during the year.</p>	<p>Select one:</p> <p style="text-align: center;">\$150</p> <p>Other amount:</p> <p style="text-align: center;">\$ _____</p>

<p>Additional Contributions</p> <p><input type="checkbox"/> General Fund - Use where need is greatest</p> <p><input type="checkbox"/> Children's Services and Child Care</p> <p><input type="checkbox"/> Morris Hollender Torah Reading Fund</p> <p><input type="checkbox"/> Other (Please specify) _____</p>	<p>\$ _____</p>
<p>High Holy Day Seats for Out of Town Relatives and Guests</p> <p>Names: _____</p> <p><input type="checkbox"/> Members of another synagogue: \$50 donation suggested per adult X ____ seats</p> <p><input type="checkbox"/> Unaffiliated: \$ 100 fee per adult X ____ seats</p>	<p>\$ _____</p>
<p>Total Amount Enclosed</p>	<p>\$ _____</p>

Please send this form with your payment to Temple Beth Israel, 25 Harvard St, Waltham, MA 02453, or pay at www.tbiwaltham.org and return this form by email to office@tbiwaltham.org .
To reserve the same seat as last year, we must receive your payment by August 28th.