



TEMPLE BETH ISRAEL

P.O. Box 540182
 25 Harvard Street
 Waltham, MA 02454-0182
 www.tbiwaltham.org 781-894-5146 office@tbiwaltham.org

About You Adults

	Member #1	Member #2
Name		
Birth date		
Email		
Hebrew Name		
Kohen or Levi?		
Parents Hebrew Names		
Yahrzeit Dates you want to be reminded of		
Phone	Home	Home
	Cell	Cell
Address		
City, State, Zip		

Children

	Child #1	Child #2	Child #3
Name			
Birth date /Age			
Hebrew Name			

Check the box if it is okay to contact you by email regarding Temple news and events.

Check the box if you prefer to receive the printed Temple monthly bulletin in the mail.

We are preparing a membership list so that members can easily contact each other for Temple-related purposes. Check the box if you **DO NOT** want your contact information (name, address, home phone, email) to be included on the membership list.



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Payment Form

Name(s) _____

Item	Total Amount
<p>Membership Type <input type="checkbox"/> Individual (\$300) <input type="checkbox"/> Family (\$600) <i>If there is a financial hardship, please contact the Temple office. Everyone is welcome! No one is ever turned away.</i></p>	
<p>Building Fund Assessment Each household is assessed a minimum of \$50 for the Temple Building Fund. If you can contribute \$100, \$200, or more to defray anticipated building expenses, thank you in advance for your generosity.</p>	
<p>Additional Contributions <input type="checkbox"/> Annual synagogue dues cover less than 50% of the synagogue's operating costs. I wish to make an additional contribution.</p>	
<p>Guest Tickets Tickets for out-of-town relatives or guests may be purchased for a contribution of \$150 per adult. There is no fee for minor children or grandchildren of adults who purchase guest tickets. Those who purchase guest tickets and subsequently join Temple Beth Israel by November 1 may apply this fee toward annual membership. Number of Guest Tickets _____ at \$150 each</p>	
<p>Mahzor Dedications We will place a label in the front cover of a mahzor acknowledging your donation to the Goldstein/Gordon prayer book fund in honor or in memory of your loved ones. Please write your requested inscriptions on the reverse side of this form. Number _____ at \$36 each</p>	
<p>TOTAL AMOUNT ENCLOSED: Make checks payable to: Temple Beth Israel</p>	\$ _____

Please send your payment to Temple Beth Israel, P.O. Box 540182, Waltham, MA 02454-0182. To ensure you have the same assigned seats as last year, we must receive your dues payment by September 1, 2011.