



Temple Beth Israel

25 Harvard Street, Waltham, MA 02453

781-891-5146

www.tbiwaltham.org • office@tbiwaltham.org

Membership Application 2018-2019

	Adult #1	Adult #2
*Name(s)		
Address		
City, State, Zip		
Phone	Home	Home
	Mobile	Mobile
	Work	Work
*Email Address		
*Hebrew Name	_____ Ben/Bat _____	_____ Ben/Bat _____
*Torah Honor	<input type="checkbox"/> Kohen <input type="checkbox"/> Levi <input type="checkbox"/> Yisrael	<input type="checkbox"/> Kohen <input type="checkbox"/> Levi <input type="checkbox"/> Yisrael
Birthday		
Names and Birthdates of Children		
*Emergency Contact Information		
*Contact Preferences	<p>We will send you congregational emails unless you opt out here: <input type="checkbox"/>.</p> <p>We will include your contact information in the Membership Directory unless you opt out here: <input type="checkbox"/>.</p> <p>We will send the Temple newsletter to the email address(es) provided above. You also may pick up a paper copy at the Temple.</p> <p><input type="checkbox"/> Please continue to send a printed copy of the Temple newsletter by US Mail.</p>	

Renewing Members: Please complete those sections with an * and any other items that may have changed since last year.

New members: Please complete the entire form so we may keep your information on file.

Morning Minyan, Kaddish and Yahrzeit

Our morning minyan is the spiritual soul of Temple Beth Israel. Members gather on Mondays and Thursdays at 7 am for a brief service, teaching or Torah reading, and breakfast, supporting each other and those who are saying Kaddish. When can you support the morning minyan?

- Monday
 Thursday
 Occasionally if you contact me ahead of time.
 Not able to attend.

Please provide the names of your family and friends for whom you say Kaddish. We list the names of those you remember in the Temple Bulletin and on the Memorial Wall in the sanctuary 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 to say Kaddish. **If you provided this information in previous years, please update as necessary.**

Yahrzeit Date (Hebrew Month and Day, if known)	Name	Relationship to You

*Skills, Talents, and Interests

Please note the skills, talents, and interests you would like to share or develop at Temple Beth Israel:

	Adult #1	Adult #2		Adult #1	Adult #2
Social Justice			Children and Family Programs		
Membership Committee			Plan Social or Cultural Events		
Call or visit members			Learn with Rabbi David		
Offer rides to the Temple			Singing Circle		
Prepare food or help shop			Brotherhood		
Building Management			Read from the Torah		
Financial Management			Chant Haftarah		
Technology / Web Site			Give a D'var Torah on Shabbat		
Press Releases and Publicity			Distribute aliyot or help gabbai		
Fundraising and Development			Lead Psukei, Shacharit or Musaf		
Office help			Teach a class (on what?)		
Long Range Planning			Other:		



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Temple Beth Israel Membership Agreement 2018-2019

Name(s) _____

Sustaining Membership Contribution

The recommended, sustaining membership contribution is **\$575** per individual, **\$1150 per family**. If you are able, 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. Please contact the Rabbi in confidence if have concerns, or call outthe office to arrange a payment plan if necessary.

\$ _____

Individual (\$575) Family (\$1150) Other Amount _____

Sustaining Membership High Holy Day Pledge

Please indicate the amount of your annual High Holy Day pledge and specify when you would like to pay it.

\$ _____

Individual (\$200) Family (\$400) Other Amount _____
 Pay Now Bill me later

Sponsor a Shabbat Lunch

Your gift of **\$150** sponsors Shabbat lunch for 35 to 40 people, our usual attendance on Shabbat morning. Please list date(s) and occasion(s) for which you would like to sponsor. If you are a "Shabbat regular," please sponsor lunch during the year.

\$ _____

Date _____ Occasion _____

\$150 per lunch Other Amount _____
 Pay Now Bill me later

High Holy Day Seats for Out of Town Relatives and Guests

Names: _____

\$ _____

Members of another synagogue: \$50 per adult X ____ seats
 Unaffiliated: \$100 donation per adult X ____ seats

Total Amount Enclosed

\$ _____

Please send this form with your payment to Temple Beth Israel, 25 Harvard St, Waltham, MA 02453, or pay online at www.tbiwaltham.org and return this form by email to office@tbiwaltham.org .

Synagogue Renovations Pledge

Thank you for your pledge to support synagogue renovations. Please complete the form in the enclosed brochure with the details of your pledge and return it with your membership materials. You may fulfill your pledge any time during the next two years.

\$ _____