

Membership Application 2021-2022

	Adult #1	Adult #2
Name		
Address		
City, State, Zip		
Phone	Home	Home
	Mobile	Mobile
	Work	Work
Email Address		
Hebrew Name	_____ Ben Bat Mi-Bayt	_____ Ben Bat Mi-Bayt
Birthday	____/____/____	____/____/____
How should we call you up for an Aliyah?	<input type="radio"/> Kohen Levi Yisrael <input type="radio"/> Don't Know Not Applicable	<input type="checkbox"/> Kohen Levi Yisrael <input type="checkbox"/> Don't Know Not Applicable
Names and Birthdates-of Children		
Emergency Contact Information		
Contact Preferences	<p>TBI contacts members by email and publishes a Membership Directory for members.</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. <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> <input type="checkbox"/> Please send me a printed copy of the Temple newsletter by US Mail.	
Photo Consent	<input type="checkbox"/> Photograph Release Form I, hereby grant permission to Temple Beth Israel to use any photos that have been taken of me for the purpose of SELF USE and or SELF PROMOTION publications which can include but is not limited to, advertising, fliers, newsletters and websites without any compensation or recognition given to me. Furthermore, I grant creative permission to alter the photograph(s). I do not grant permission to resale or use the photographs in a manner that would exploit or cause malicious representation toward me. At any time, I can change my decision by submitting a request in writing to Temple Beth Israel, 25 Harvard Street, Waltham, MA 02453.	



Membership and Contributions 2021-2022

Name(s)	
Sustaining Membership Contribution The recommended, sustaining membership contribution is \$600 per individual, \$1200 per family. This amount includes a building fund assessment that helps ensure the maintenance of our physical facility. If you can 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. Please contact the Rabbi if you have confidential concerns. Everyone is welcome. Individual (\$600) Family (\$1200) Other Amount	\$ _____
Sustaining Membership High Holy Day Pledge Please indicate the amount of your optional annual High Holy Day pledge. Individual (\$200) Family (\$400) Other Amount Pay Now Bill me later	\$ _____
Additional Contributions Annual synagogue dues cover less than 50% of the synagogue's operating costs. I wish to make an additional contribution. Please put it towards: _____	\$ _____
Total Amount Enclosed	\$ _____

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. Please send your payment, or call the office to arrange a payment plan, by September 3.