

Temple Beth El Membership Application

Dear Friend:

Welcome to Temple Beth El. We want to thank you for making the important decision to become a member of a synagogue and for supporting your Jewish community. We want your experience to be positive, rewarding and spiritually fulfilling, and hope you will always find your Jewish home here at Temple Beth El. Our confidence is due in large measure by the good work that each member of the Board of Directors, various committees, and the general membership expends to make Temple Beth El *Your Central Address for Riverside Jewish Life*.

As a member, you are part of a group of individuals and families who believe in the value of a strong Jewish identity, are engaged in and dedicated to Jewish life, and equally important, who are fun to be around. We celebrate the richness of our Jewish heritage, honor the work and commitment of those who came before and work hard to building a strong, cohesive, and lively Jewish community.

We strive not to make financial considerations the primary focus of congregational membership, but acknowledge the reality that all members have a shared responsibility to provide the financial and volunteer support to ensure that the congregations needs continue to be met. We believe that we make our strongest case for membership at Temple Beth El when you experience our programs, our community, and our commitment to the betterment of Judaism and ourselves. If you are new to the congregation, we hope you have taken the time to explore the myriad ways there are to engage at Temple Beth El, and that experience has motivated your decision to support the community. If you are a longer term member, we hope that your continued affiliation reflects your pride in the Temple.

Temple Beth El is a partnership among members who support each other and the idea of a strong Jewish community in Riverside. We need every family or household to do their best to help build our community.

The congregation is supported by both the volunteer efforts of our members and by the membership dues each member pledges and pays. Volunteerism is the life-blood of all noble and worthy efforts and Temple Beth El is here today due to the hard work and dedication of so many through the years who share a common Jewish purpose. We encourage you to find the best place within the congregation to apply your talents, your professional expertise, and most importantly, your passion for Jewish life.

Financially, Temple Beth El embraces a philosophy of membership dues that recognizes each member's responsibility to support the congregation based on their ability to pay and the fact that sustaining the Jewish community is all of our responsibility. Temple Beth El's Fair Share Dues Policy asks each member unit to contribute 2% of total family gross income. We wholeheartedly welcome all who seek membership, regardless of their financial situation. We also hope that those who are in a position to do so will help us underwrite those in need of financial support. Each of us has the annual responsibility to self-assess our Temple dues and thereby reaffirm our connection to and support for Temple Beth El. The Temple is not only where we turn to fulfill our individual Jewish needs...it is a vital communal and educational institution. As you make your pledge, please keep in mind that dues to the Temple are not simply an arbitrary charity donation, nor are they designed to reflect "fee for service" or program usage for any given household. They are designed to meet the needs of the community.

If you have any questions, please feel free that you can contact us at any time. Once again, thank you on behalf of Temple Beth El.

B' Shalom,

Jory Yarmoff
President

Yitzhak Miller
Rabbi

Harry Freedman
Finance Chair

Member Information Form (required for membership)

Adults – Please note that at least one adult member of your household must be Jewish in order to apply for membership.

	<i>Adult A</i>	<i>Adult B</i>
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. _____ Other	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. _____ Other
Last Name		
First Name		
Hebrew Name (in English)		
Are you:	<input type="checkbox"/> Jewish <input type="checkbox"/> Not Jewish	<input type="checkbox"/> Jewish <input type="checkbox"/> Not Jewish
Is the other adult your spouse/ domestic partner?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Wedding/Partnership anniversary (if applicable)		
Home Address		
City/State/Zip		
Home Phone		
E-mail address		
Occupation		
Business Name		
Business Address		
City/State/Zip		
Business Phone		
How did you hear about us?		

Children – Please complete as it applies to each of your children residing with you. If you have more than four children, please photocopy this page

	<i>Child 1</i>	<i>Child 2</i>	<i>Child 3</i>	<i>Child 4</i>
Last Name				
First Name				
Hebrew Name				
Birthdate				
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Grade in school				
College Student	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Yahrzeit Information – Please list names and dates of loved ones for whom you wish Yahrzeit (remembrance) notices sent.

<i>Name of deceased</i>	<i>Relationship</i>	<i>Secular date or</i>	<i>Hebrew date</i>

Please contact me about with information about–

<u>Programs/Activities</u>	<u>Adult A</u>	<u>Adult B</u>	<u>Opportunities for Service</u>	<u>Adult A</u>	<u>Adult B</u>
Adult B'nai Mitzvah			Open Arms Committee		
Youth Activities			Marketing and Communication		
Havurah/Social Groups			Religious Practices		
Choir			Religious Education		
Sisterhood			Gift Shop Volunteer		
Men's Club			Social Action		
Social Action Events			Usher for High Holy Days		
Bicycle Club			Adult Education		
Bowling Club			Fund Development		
Camping Club			Buildings and Grounds		
Book Club			Long Range Planning		
Adult Education			Youth Group		
Torah Study					
Shabbat Services					
Tot Shabbat					
Social Events					

My family would like specific assistance with the following:

Conversion	
Items specific to interfaith families	
Weddings	
Baby Namings	
Grief Counseling	
Bar/Bat Mitzvah	
Other: _____	
Other: _____	

WHAT SHOULD YOUR DUES PLEDGE BE AND WHAT DOES IT PROVIDE?

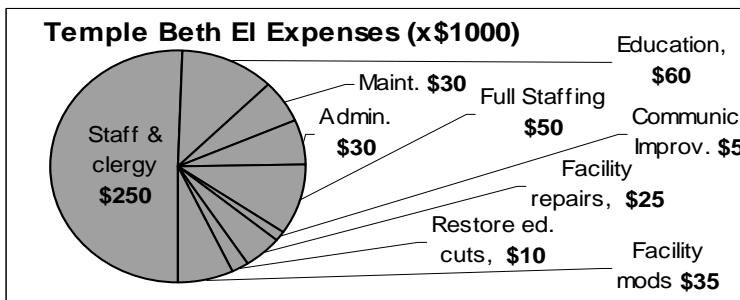
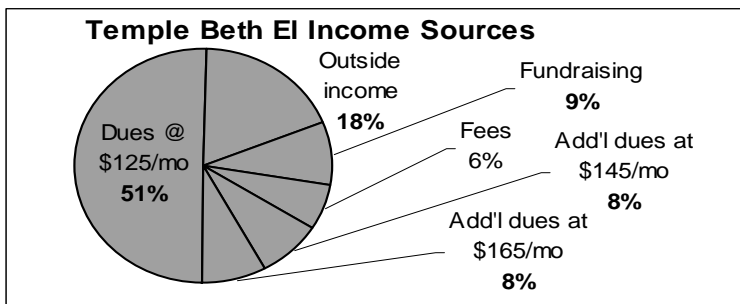
To fund our current budget with no deficit would require an *average* monthly contribution of \$125 per household. This year's budget provides for items such as the following:

- A full-time Rabbi/Educator
- Essential administrative staff
- A Religious school program for ages 1-16
- Essential advertising and communications
- Utilities, landscaping, etc
- Membership in the Union for Reform Judaism
- A quarterly printed bulletin
- Minimal routine maintenance

There are many programs we would like to pursue which are beyond our reach at our current budget:

With an *average* monthly dues contribution of \$145 per household we could:

- Hire a trained principal to run our Religious School
- Have the Rabbi available full time for Rabbinic duties
- Publish the bulletin monthly
- Increase staff time to needed levels
- Support our membership drive through increased programs and advertising
- Perform essential building maintenance
- Reinstate the \$10,000 cut from Education necessary to balance this year's budget



Look at how much difference just \$20 per month makes!

Think how much difference \$40 per month could make!

THANK YOU FOR YOUR SUPPORT!!!

Temple Beth El's Dues Policy States:

1. *Members are expected to pay their fair share of dues, pledging at least 2% of their adjusted annual income.*
2. *Members who are unable to pay the 2% must submit an explanation to the Dues Review Committee. No one will be turned away from the Temple as long as they keep their agreement with the committee.*

Dues Pledge Form (required for membership)

1. Your Dues Pledge

- a. I/We make the following monthly pledge to help ensure continued Jewish presence in Riverside:
\$ _____.
- b. I understand that in the absence of a new pledge form in future years, Temple Beth El will increase my annual dues pledge by the Riverside County Cost of Living Index for that year. _____(initial)
- c. I/We will pay membership dues: [] Annually [] Semi-annually [] Quarterly [] Monthly
(Payments are due on the 1st of those months appropriate for your payment schedule)
- d. I/We understand that if the financial situation changes I/we must speak to the Finance Director to make payment arrangements and/or revise our pledge commitment. _____(initial)

2. Pledges To Support Temple Beth El:

- a. TBE dues amount due now based upon choice of payment schedule)..... \$ _____
- b. American Reform Zionist Association Dues (optional)..... \$ _____ 36 _____
- c. Contribution to the following Temple Restricted Fund(s) (optional):
i. _____ ii. _____ iii. _____ \$ _____

Total enclosed..... \$ _____

3. Help us save mailing costs by providing your email address _____

4. SCRIP:

- e-Scrip accounts typically raise over \$100 per family with no cost to you.
Please check here if you are enrolled/enrolling in eScrip supporting TBE.....
- GLScrip accounts typically raise over \$400 per family with no cost to you.
Please check here if you will commit to \$100 per month GLScrip purchases.....

5. Payment method

- [] Check or money order (preferred)
[] Visa or MasterCard – Card # _____ Exp. Date _____ C.V.V. #* _____

Billing address (if different from previously listed) _____
I hereby give permission to Temple Beth El to charge my credit card for the amount of the *Total due* listed above; and to charge my card for any other Membership payments due this year based open my choice of payment schedule above
Name on card _____ Signature _____

6. Signatures

Adult A Signature: _____ Date: _____
Adult B Signature: _____ Date: _____

*C.V.V. # is the last three numbers on the back of your credit card's signature line

2% Fair Share Dues Chart

Household Income	Fair-Share Dues	Household Income	Fair-Share Dues
0-\$40,000	\$ 800	\$120,000-\$140,000	\$2400-\$2800
\$40,000-\$60,000	\$ 800-\$1200	\$140,000-\$160,000	\$2800-\$3200
\$60,000-\$80,000	\$1200-\$1600	\$160,000-\$180,000	\$3200-\$3600
\$80,000-\$100,000	\$1600-\$2000	\$180,000-\$200,000	\$3600-\$4000
\$100,000-\$120,000	\$2000-\$2400	Over \$200,000	2% of Gross Income