

MEMBERSHIP FEES

1. Annual fees for membership at Beth El Synagogue consist of membership dues and Building Fund assessments. These are calculated on a fiscal year basis starting on July 1st and ending on June 30th.
2. Religious School tuition is not included in membership or other fees. Tuition shall be prorated for new members entering children after the school year has begun.
3. Applications for membership shall be accompanied by a \$100.00 deposit which shall be applied to the membership dues for the current year.
4. Membership is automatically renewed each year, unless the Board of Trustees is notified **in writing** to the contrary.

FINANCIAL POLICIES

1. All assessments begin with the first year of membership.
2. Tickets for High Holiday Services will be sent only to those members whose financial obligations are current.
3. The Building Fund at this time is \$2,850.00. This amount is paid in six (6) equal yearly installments, each in the amount of \$475.00, (except for Young Members arrangements). If a family chooses to leave the synagogue the unpaid balance shall be forgiven provided that the family is current with their Building Fund obligation at the time of leaving.
4. Any member family celebrating a Bar or Bat Mitzvah must pay dues to date, total Building Fund, all Zayin Religious School tuition and other fees for that year no later than ninety (90) days prior to the event.

If any member does not satisfy their financial obligation in a timely fashion in accordance with the Constitution of Beth El Synagogue, all costs of recovery, including legal fees and other costs of collection, shall be the obligation of the member.

I/We hereby apply for membership in Beth El Synagogue and understand my/our financial obligations as explained above.

Applicant's Signature _____ **Date** _____

Co-Applicant's Signature _____ **Date** _____

I/We wish to join Beth El Synagogue Immediately Beginning next fiscal year (July 1st)

For Office Use

Date received _____

Date of vote _____

Date of welcome letter _____

Date filed _____

q Original to file

q Rabbi

q President

q Membership V.P.

q Membership Chair

q Financial Secretary

Revised 4/30/02



BETH EL SYNAGOGUE



**50 Maple Stream Road
East Windsor, New Jersey 08520
(609) 443-4454
admin@bethel.net**

Membership Application

Name/Names _____

Please Print Clearly

Today's Date _____

Family name _____ Email address _____

Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Marital Status _____ Date Married _____

PERSONAL DATA

Applicant

Full first name _____
Preferred name for letters, etc. _____
Circle preferred title- Mr, Dr, Mrs, Miss, Ms
or other _____
Maiden Name, if appropriate _____
Hebrew Name _____
 Kohen Levi Israelite
Applicant's Father's Hebrew Name (in English)

Applicant's Mother's Hebrew Name (in English)

Your birthday _____
Born Jewish _____
If Converted, Date _____
Place _____
Officiating Rabbi _____
Blood Type _____
Occupation _____
Business Name _____
Business Phone _____
Business Address _____
City, State, Zip _____

Co-applicant

Full first name _____
Preferred name for letters, etc. _____
Circle preferred title- Mr, Dr, Mrs, Miss, Ms
or other _____
Maiden Name, if appropriate _____
Hebrew Name _____
 Kohen Levi Israelite
Co-applicant's Father's Hebrew Name (in English)

Co-applicant's Mother's Hebrew Name (in English)

Your birthday _____
Born Jewish _____
If Converted, Date _____
Place _____
Officiating Rabbi _____
Blood Type _____
Occupation _____
Business Name _____
Business Phone _____
Business Address _____
City, State, Zip _____

**INFORMATION CONCERNING CHILDREN
age 18 and older**

First Name _____
Last Name _____
Hebrew Name _____
Date of Birth _____ Sex M F Married Y N

First Name _____
Last Name _____
Hebrew Name _____
Date of Birth _____ Sex M F Married Y N

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Last Name _____
Hebrew Name _____
Date of Birth _____ Sex M F Married Y N

Type of Membership Requested

- Couple
- Single
- Young couple
- Young single
- Senior couple
- Senior single
- Senior Requesting Cemetery Privileges
- Special dual membership
- Discounted first year with preschool registration
- Free first year - Rabbi officiated at a Life Cycle Event

INFORMATION CONCERNING CHILDREN under age 18

Child

First Name _____
Last Name _____
Hebrew Name _____
Date of Birth _____ **Sex** _____
Born Jewish _____
If Converted, Date _____
Place _____
Officiating Rabbi _____
Religious School Grade _____
Bar/Bat Mitzvah Date _____
Secular School and Grade _____

Alternate Address _____

Child

First Name _____
Last Name _____
Hebrew Name _____
Date of Birth _____ **Sex** _____
Born Jewish _____
If Converted, Date _____
Place _____
Officiating Rabbi _____
Religious School Grade _____
Bar/Bat Mitzvah Date _____
Secular School and Grade _____

Alternate Address _____

Alternate (Snowbird) Address

Street _____
City _____
State _____ Zip _____
Alternate Phone Number (____) _____
Dates at this address _____

Child

First Name _____
Last Name _____
Hebrew Name _____
Date of Birth _____ **Sex** _____
Born Jewish _____
If Converted, Date _____
Place _____
Officiating Rabbi _____
Religious School Grade _____
Bar/Bat Mitzvah Date _____
Secular School and Grade _____

Alternate Address _____

Child

First Name _____
Last Name _____
Hebrew Name _____
Date of Birth _____ **Sex** _____
Born Jewish _____
If Converted, Date _____
Place _____
Officiating Rabbi _____
Religious School Grade _____
Bar/Bat Mitzvah Date _____
Secular School and Grade _____

Alternate Address _____

Men's Club Sign-up Yes No

Sisterhood Sign-up (Free first year)

Yes No
Special interests _____

