



BETH EL SYNAGOGUE



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

Membership Application

Name(s)_____

Please Print Clearly

Today's Date _____

Family name _____ Family Email _____

Address _____ City _____ State _____ Zip _____

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

PERSONAL DATA

Applicant

Full first name _____

Individual Email _____

Cell Phone _____

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 _____

Occupation _____

Business Name _____

Business Phone _____

Business Address _____

City, State, Zip _____

How did you hear about Beth El? _____

Co-applicant

Full first name _____

Individual Email _____

Cell Phone _____

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 _____

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

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

Type of Membership Requested

- ☐ Couple ☐ Young Family/Couple ☐ Senior Couple
☐ Single ☐ Young Single ☐ Senior Single
☐ Senior Requesting Cemetery Privileges
☐ Special dual membership
☐ Free first year - Rabbi and/or Cantor 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 _____

First Year Free with Synagogue Membership

Men's Club Sign-up ☐ Yes ☐ No
Women's League Sign-up ☐ Yes ☐ No
Special interests _____

MEMBERSHIP FEES

1. Annual fees for membership at Beth El Synagogue consist of membership dues, dues surcharge 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 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 \$3,000. This amount is paid in six (6) equal yearly installments, each in the amount of \$500, (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.
5. Membership Dues Surcharge. Please see explanation of Information on Dues Surcharge & Purchasing Supermarket Gift Cards in Membership Information packet.
6. Credit Card Authorization Form. All members are required to complete the Credit Card Authorization Form in the Membership Information packet. If a bill is 30 days past due, we will collect payment via the securitization on file. You can also authorize Beth El to directly debit from a bank account.

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 updated database _____

Date filed _____

Original to file

Rabbi

President

Membership VP

Membership Chair

Financial Secretary

Bookkeeper

Yahrzeits

Beth El Seniors

Women's League

Men's Club