



BETH EL CONGREGATION

New Member Application

Welcome to Beth El Congregation! We are delighted that you have chosen to be part of our community. Thank you for filling out this information to help strengthen our connection to each other.

Personal Information

	Adult 1 <input type="checkbox"/> Male <input type="checkbox"/> Female	Adult 2 <input type="checkbox"/> Male <input type="checkbox"/> Female
Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Other	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Other
Full Name (include nickname in parenthesis)		
Personal status	<input type="checkbox"/> Single <input type="checkbox"/> Married (date)_____	<input type="checkbox"/> Partnered <input type="checkbox"/> Divorced <input type="checkbox"/> Other <input type="checkbox"/> Widowed
English transliteration of Hebrew name		
Date of birth	/ /	/ /
I'm interested in being contacted about:	<input type="checkbox"/> Adult Education <input type="checkbox"/> Social Action <input type="checkbox"/> Interfaith Group <input type="checkbox"/> Religious School <input type="checkbox"/> Sisterhood <input type="checkbox"/> Helping Lead Services <input type="checkbox"/> Playing Music for Services <input type="checkbox"/> Volunteering Other _____	<input type="checkbox"/> Adult Education <input type="checkbox"/> Social Action <input type="checkbox"/> Interfaith Group <input type="checkbox"/> Religious School <input type="checkbox"/> Sisterhood <input type="checkbox"/> Helping Lead Services <input type="checkbox"/> Playing Music for Services <input type="checkbox"/> Volunteering Other _____

How did you hear about us? _____

Contact Information

Home Address _____

City _____ State _____ Zip Code _____

Home Telephone _____

Adult 1 mobile _____ Adult 2 mobile _____

Adult 1 email _____ Adult 2 email _____

Religious Background

	Adult 1	Adult 2
Religious upbringing	<input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Jewish unaffiliated <input type="checkbox"/> Other	<input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Jewish unaffiliated <input type="checkbox"/> Other
If you converted to Judaism:	Date _____ Congregation _____ City _____ Rabbi _____	Date _____ Congregation _____ City _____ Rabbi _____
Were you Beth El member in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No Dates _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Dates _____
Most recent or current congregational affiliation	Congregation name _____ Location _____ Dates _____ Are you currently a member <input type="checkbox"/> Yes <input type="checkbox"/> No	Congregation name _____ Location _____ Dates _____ Are you currently a member <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been a Bar/Bat Mitzvah? Date, Congregation, City		
Have you been Confirmed? Date, Congregation, City		

Family Emergency Contact Information (not living in your household)

Name _____ Phone _____

Relationship _____

Children's Information (please include any adult children)

If you have more than four children, please copy this page and attach additional sheet.

	Child 1	Child 2	Child 3	Child 4
	<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
First and middle name				
Last name (if different)				
English transliteration of Hebrew name (if known)				
Date of birth				

Email address (if the child will receive communication from Beth El separately from you)				
Is this child growing up in the Jewish faith?	<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
Will this child be attending Beth El Religious School?	<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
Child's current grade				
Bar/Bat Mitzvah date, congregation and city				
Confirmation date, congregation and city				

Yahrzeit Information

To receive reminders of Yahrzeit dates (the anniversary of an immediate family member's death), please list information below.

Name of deceased	Date of death (secular date)	Relationship	Related to which member
		<input type="checkbox"/> Spouse <input type="checkbox"/> Sibling <input type="checkbox"/> Parent <input type="checkbox"/> Child	
		<input type="checkbox"/> Spouse <input type="checkbox"/> Sibling <input type="checkbox"/> Parent <input type="checkbox"/> Child	
		<input type="checkbox"/> Spouse <input type="checkbox"/> Sibling <input type="checkbox"/> Parent <input type="checkbox"/> Child	
		<input type="checkbox"/> Spouse <input type="checkbox"/> Sibling <input type="checkbox"/> Parent <input type="checkbox"/> Child	

Please attach a separate sheet for additional names.

You will receive a reminder before the secular date of each Yahrzeit. Names of the departed are read during Friday evening services honoring the anniversary of death according to the secular calendar.

Names permanently displayed on the Beth El Congregation Yahrzeit Board are automatically read annually on the anniversary of death and included in the reading of names during Yizkor on Yom Kippur. Contact the Beth El Congregation office if you wish to purchase a permanent plaque in memory of a loved one.

Dues

Full dues are \$185 per month or \$2,220 per year. Fair Share Dues are 3.75% of your adjusted gross income with a maximum of \$2,220. Example- if your income is \$25,000/year, your fair share dues would be \$937.50 per year or \$78/month. Dues include Shabbat worship, High Holy Day seats, adult education, life cycle events and regularly scheduled congregational events. Dues do not include religious school, honoraria for the Rabbi and/or Cantor for life cycle events, or cover charges for other events. The fiscal year runs July 1 through June 30.

I will pay dues of \$_____ per year. Enclosed is my initial payment of \$_____.

Hereafter, I will pay [please check one]: Annually___, Semi-annually___, Quarterly___, Monthly___.

Please return application to: Beth El Congregation Membership Committee
520 Fairmont Ave., Winchester, VA 22601

The finance committee will address **any dues relief concerns**, which will be accorded confidential status. As a congregation, we wish to be helpful as well as sensitive to your needs and concerns about financial arrangements. If you do need dues relief, please include a note with this application.

**Questions? Please contact Michelle Kotkin Cornette at cairo94@comcast.net
or 540-327-6050**



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520 Fairmont Avenue, Winchester, VA 22601
540-667-1043 • www.bethelcongregation.org