

TBS MEMBERSHIP APPLICATION (Please PRINT all information.)

Member 1	N	1ember 2				
Last Name First Middle T	ītle	Last Name	First	Middle	Title	
Nickname (if any):		Nickname (if any	'):			
Street Address Apt. I	No.	Street Address			Apt. No.	
City, State Zip		City, State Zip				
Home Phone :		Home Phone:				
Cell Phone:		Cell Phone:				
Work Phone:		Work Phone:				
E-mail Address (where we may send Temple information)		E-mail Address (where we may send Temple information)				
Employer and Type of Business or Profession (optional)		Employer and Ty	pe of Business o	or Profession (op	tional)	
Date of Birth:		Date of Birth:				
Gender/Pronoun (optional):		Gender/Prono	oun (optional	l):		
l am:		l am:				
🗌 Jewish		🗌 Jewish				
Hebrew Name, if known:		Hebrew Name	e if known:			
\Box Non-Jewish		□ Non-Jewis	h			
If non-Jewish, are you practicing another religion	on?	If non-Jewish,	, are you prac	cticing anothe	r religion?	
Which faith?		Which faith?				
Mother's Full Name (English):		Mother's Full	Name (Englis	sh):		
Mother's Hebrew Name:		Mother's Heb	orew Name:			
Father's Full Name (English):		Father's Full N	Name (Englisł	n):		
Father's Hebrew Name:		Father's Hebrew Name:				

Relationship Status: (Check all that apply)				
□ Single	Married/Partnered	□ Single Parent		
□ Divorced	□ Widowed	\Box Separated		

Anniversary date:

*For Jewish members only: In order to be accepted for membership, you must exclusively practice Judaism. Jewish members may not practice other religions.

Dependent Children

Please provide the following information for each dependent child.

Child's Name	Gender/	Birthdate	Grade	Name of School?	Will Child	Hebrew Name
child 5 Martie						
	Pronoun	(mm/dd/yy)	in		Attend	(if any)
	(Optional)		School		Religious	
					School?*	

Are all children exclusively practicing Judaism? \Box Yes or \Box No (please choose one.)

If not, please indicate the child's name and religious affiliation:

*Children are eligible for our religious school only if they are being raised exclusively as Jews.

If you were previously a member at a different congregation, what was the name of your previous congregation? (Include the city and state)

<u>Yahrzeits</u>

Please fill in the information below and the name of the departed (whether or not they are Jewish). They will be memorialized at Shabbat services following the anniversary of their death. You will be notified prior to the date of the service.

Name of Deceased	Relationship to Family (e.g., father of wife, mother of husband, etc.)	English Date of Death (mm/dd/yyyy)	Observe Hebrew or English Date? (please circle)	
			Hebrew	English

Membership Categories (Select One)

- □ Standard Membership
- \Box Young Couple/Single (up to, and including, age 33)
- □ Senior Membership
- □ Active Military
- L'Dor V'Dor (child of member, age 22-29)
- □ L'Dor V'Dor (child of member, age 30-35)
- □ Associate Membership (must reside outside 60 mi. radius of TBS; full membership)
- □ Corresponding (must reside outside 60 mi. radius of TBS; limited membership)
- □ Dependent Senior Parent (for parent completely financially dependent on you)

Note regarding limited memberships

Please be advised that limited membership does not include life cycle events or rabbinic services.

Note regarding membership dues

Your dues are the financial foundation of the temple, its activities and services. Your application is your commitment to investing a full year of dues in the community that will be your home (or the prorated amount beginning in the quarter in which you joined TBS). We are who and what we are only with your support and involvement.

<u>Billing</u>

Please select how you	wish t	o be billed for membership dues:		
Monthly		Quarterly (Jul. 1, Oct. 1, Jan. 1, Apr. 1))	Bi-Annual (Jul. 1, Jan 1)
Annually (Jul. 1)				

We send dues billing statements via email.

To which email should we send your dues statement?

 \Box If you prefer to have the statements sent by regular mail service, please check this box.

Prayerbook Fund

All new members make a \$54 donation to the Prayerbook Fund.

A bookplate will be placed in a Torah Commentary or Prayerbook if a dedication is included on this form.

□ I would like to dedicate a volume: (pick one)

In memory of _____

In honor of ______

Please note that you will have the ability with ShulCloud, our billing database, to easily pay via secure link from the emailed statement, and also to set up a billing schedule. If your financial institution initiates your dues payment, there will be no fee assessed. For ACH payments initiated by our system, there is .79% convenience fee and there is a 2.5% fee assessed for Visa and Mastercard payments.

Make the most of your TBS experience!

One of the many things that makes TBS so special is the high level of member involvement. There are so many different programs that welcome all who are interested. Geared toward common interests and/or demographics, there is something for everyone. Interested in something you don't see here? Let us know!

Social Groups

TBS has active and inclusive women's and men's auxiliary groups as well as youth groups for our kids and teens. Check the as many of the boxes as you and/or your family members are interested in.

- □ Brotherhood
- □ Sisterhood
- □ 20s and 30s Group
- Interfaith Couples Group

- Families with young children
- BeaSTY (B'nai Shalom Temple Youth): Grades 8-12
 Jr. BeaSTY: Grades 5-7

Congregational Life

We have a variety of groups and committees that help keep our building running and members engaged. These groups are a great way meet new people and better connect with TBS. Check any that you want to participate in or contribute to:

- □ Adult Education
- Bereavement
- Building/Grounds
- Caring Community
- College Outreach
- Environment
- □ Greeters/Hospitality
- □ Planning social events

- High Holy Days
- Membership
- Chesed/Good Deeds Day
- 🗆 Oneg
- □ Philanthropy
- Religious School Events
- Security
- 🗆 Choir

- $\hfill\square$ Social Action
- □ Social Justice
- □ Technology
- □ TBS Players- (acting)
- Youth
- Parking Assistance During Events
- Set-Up Assistance During Events
- Planning Holiday celebrations

□ Other Skills, hobbies, talents, experience you bring to the comm

What is your preferred method of □ Email			events?
Would you be interested in grabbin involved in temple life?	-	current member to le □ No	arn more about ways to get
How did you hear about Temple B'n Friends Facebook Instagram Other social media Word of mouth Jewish Week Know a temple member Other:			-
*********	*******	******	*******
Signed:		Printed Name:	
Date:			

If you have any questions about this application, please contact our Executive Director, Sharon Klein at <u>executivedirector@tbs-online.org</u> or 703-764-2901.

Date of application:
Date of acceptance:
For office use only