



TEMPLE BETH EL

Temple Beth El 1501 East Alvin Ave. P.O. Box 5217 Santa Maria, CA 93456 805.928.2118

APPLICATION FOR MEMBERSHIP

Temple Beth El serves Jewish families on the Central Coast. To further your involvement in the life of our congregation, please complete this membership application. This information will remain confidential. In applying for membership you agree to abide by the Temple Beth El By-Laws (www.tbasantamaria.com). Thank you and welcome to Temple Beth El!

DATE: _____

Member A

Member B

Last Name First

Last Name First

Hebrew Name

Hebrew Name

Please give full Hebrew name suitable for being called for an Aliyah

Do you read Hebrew? (A) _____ (B) _____

Home Address: _____

City, Zip: _____

Home Phone: _____

E-Mail: (A) _____

E-Mail: (B) _____

Alternative Phone (A) _____

(B) _____

Mailing Address (if different): _____

Personal Data:

Birthdate: (A) _____ (B) _____ Date of Marriage: _____

Marital Status: (circle one) Married/ Single/ Partners/ Divorced/ Widowed



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Children living at home:

Name	Hebrew Name	Birthdate	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Children living away from home:

Kaddish/Yahrzeit Information

Names of those who have died and for whom you wish Yahrzeit recited will be memorialized at Shabbat services closest to the anniversary (unless otherwise requested). You may choose to observe on the secular or Hebrew date by circling below. Your loved one will be listed in the temple bulletin as the date of observance approaches.

Name(s)	Relationship & to Whom	Date of Death (include year if known)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I wish to observe using: Secular Date Hebrew Date (circle one)

You may purchase a Yahrzeit plaque in memory of your loved one(s). These plaques are hung on our Memorial Board in the sanctuary.



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Dues and Building Fund Commitment

Please place a check mark beside your annual membership category below. (The temple's financial year is from June 1st through May 31st).

_____ Family (\$880) _____ Single (\$620) _____ Senior couple (\$610) _____ Senior single (\$430)

Rates include minor children. Senior is 62+ and retired.

In addition, we ask each household to contribute to our Building Fund. This one time fee is \$500.00. It is put into a reserve used to maintain the ongoing needs of our temple building, both inside and out. This can be paid in full, in two payments (over 2 years) or in five payments (over 5 years).

You may also request a confidential dues adjustment form in cases of financial hardship (submitted to the Dues Evaluation Committee).

According to the membership category checked above, please enclose your first payment. Please check when you would like to be billed:

Dues: _____ Annually _____ Semi-Annually _____ Quarterly _____ Monthly

Building Fund _____ In full _____ Two annual payments _____ Five annual payments
\$500 \$250 each \$100 each

Signature _____ Date _____

Thank you for your support of Judaism on the Central Coast.

We welcome you to Temple Beth El!



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In order to keep our Temple family strong, we encourage your participation in our many activities. Please check off your **area of interest**, and someone will contact you.

Program	Member A	Member B	Children
Adult Education	_____	_____	_____
Brotherhood	_____	_____	_____
Building & Grounds	_____	_____	_____
Bulletin	_____	_____	_____
Education	_____	_____	_____
Feeding Homeless	_____	_____	_____
Finance Committee	_____	_____	_____
Hebrew Classes	_____	_____	_____
Hospitality/Sunshine	_____	_____	_____
Library	_____	_____	_____
Membership	_____	_____	_____
Publicity/public relations	_____	_____	_____
Religious Practices	_____	_____	_____
Sisterhood	_____	_____	_____
Social Action	_____	_____	_____
Social Programs	_____	_____	_____
Special Projects	_____	_____	_____
Ushering	_____	_____	_____
Ways & Means/Fundraising	_____	_____	_____
Other Interests Not Above	_____	_____	_____
_____	_____	_____	_____

If you have any questions about this application or temple membership, please contact the Membership Chair-Alyshia Brunk at (805)478-3977 or a.ilesbrunk@outlook.com