

2023-2024 New Membership Application

Welcome to Beth Shalom! We are excited that you wish to be part of our family. Please complete this form in its entirety for your household and submit to the Beth Shalom Office. If you have questions, feel free to contact the Beth Shalom Office at office@bethshalomnc.org.

Family Information

Household Home Address

*Street Address _____

*City/State/Zip Code _____

*Home Phone _____

*Emergency Contact Information (outside of household)

Name	Relationship	Home Number	Cell Number

Household Members: Adults

	Adult 1: Primary Contact for the Household	Adult 2
*Full Name		
Preferred Name		
*Jewish	Yes / No	Yes / No
Hebrew Name		
*Gender	Male / Female / Other	Male / Female / Other
*Date of Birth		
Marital Status & Anniversary	Single/Married/Divorced/Widowed Other _____ Anniversary Date _____	Single/Married/Divorced/Widowed Other _____ Anniversary Date _____
*Cell Number		
*Most Recent Occupation		
*Email Address		
Relationship to Adult 1	Self	

	Adult 3	Adult 4
*Full Name		
Preferred Name		
*Jewish	Yes / No	Yes / No
Hebrew Name		
*Gender	Male / Female / Other	Male / Female / Other
*Date of Birth		
Marital Status & Anniversary	Single/Married/Divorced/Widowed Other _____ Anniversary Date _____	Single/Married/Divorced/Widowed Other _____ Anniversary Date _____
*Hometown		
*Cell Number		
*Most Recent Occupation		
Work Number		
*Email Address		
*Relationship to Adult 1		

Household Members: Dependents

(Includes children, teens & adult children in college or living at home)

Full Name _____ **Preferred Name** _____

Hebrew Name _____ **Gender:** M / F / Other

DOB _____ **Email** _____ **Cell No** _____

School/College _____ **Current Grade** _____

List all food, medication or environmental allergies that your child has: _____

Special Health Needs: _____

Full Name _____ **Preferred Name** _____

Hebrew Name _____ **Gender:** M / F / Other

DOB _____ **Email** _____ **Cell No** _____

School/College _____ **Current Grade** _____

List all food, medication or environmental allergies that your child has: _____

Special Health Needs: _____

Full Name _____ **Preferred Name** _____

Hebrew Name _____ **Gender:** M / F / Other

DOB _____ **Email** _____ **Cell No** _____

School/College _____ **Current Grade** _____

List all food, medication or environmental allergies that your child has: _____

Special Health Needs: _____

Full Name _____ **Preferred Name** _____

Hebrew Name _____ **Gender:** M / F / Other

DOB _____ **Email** _____ **Cell No** _____

School/College _____ Current Grade _____

List all food, medication or environmental allergies that your child has: _____

Special Health Needs: _____

Full Name _____ **Preferred Name** _____

Hebrew Name _____ Gender: M / F / Other

DOB _____ Email _____ Cell No _____

School/College _____ Current Grade _____

List all food, medication or environmental allergies that your child has: _____

Special Health Needs: _____

Yartzeits/Memorials

Full Name & Hebrew Name	Observer	Relationship to Observer	Date of Death Before/After Sunset?	Prefer Hebrew or English Date of Observance
			_____ Before/After	
			_____ Before/After	
			_____ Before/After	
			_____ Before/After	
			_____ Before/After	

Opportunities for Involvement

We would love to contact you with more information about any of our committees or social groups that might interest you. Detailed committee information can be found on our website.

Committee/Club	Adults Interested	Committee/Club	Adults Interested
Adult Learning		Music/Choir	
Archives/History		Religious School	
Caring Committee		Ritual/Prayer	
Book Club		Safety/Security	
Finance		Social Action	
Fundraising		Ritual	
IT/Sound/AV		Security	
Landscaping		Social Action	
Membership		Youth Programs	

*Beth Shalom uses photographs, slides, videos, or illustrations of its members for many purposes. They may be used in newsletters or publications, slide presentations, videos, websites or other similar forms of communication. We will not identify any youth and will not include any identifying information such as email addresses, phone numbers, home addresses and date of birth with any photo. By signing below, I/we authorize Beth Shalom to use photographs, slides, videos, or illustrations of my family (including my children) and me without approving the finished product or its specific use.

The Oneg after Shabbat services on Friday night gives us the opportunity to celebrate the joy of the Sabbath and to socialize and build new relationships.

*For the safety of our children and to comply with our Sexual Offender Policy, please answer the following question truthfully: Have you ever been convicted of any criminal offence involving a sexual criminal offense? Yes / No If yes, please explain:

*Our signatures below indicate that the information in the application is true to the best of our knowledge and I/we are applying for membership at Beth Shalom.

Adult 1 & Date

Adult 2 & Date

Adult 3 & Date

Adult 4 & Date

For Parents of Children in Pre-K Through Twelfth Grade:

Medical Release

I give permission for Beth Shalom to seek emergency treatment for my child/children in the event that the parent or guardian cannot be reached. I will assume financial responsibility for treatment rendered. I, the undersigned, agree to release, hold harmless and indemnify Beth Shalom, its agents, representatives, directors, employees, trustees, teachers, and volunteers from all claims, damages, or other liabilities for injuries to my child/children that are not the result of gross negligence, intentional neglect, or willful conduct by the Religious School, Youth Group, or such individuals. I understand this release binds my heirs, personal representatives, and me.

Parent/Guardian Signature: _____ Date: _____

Event Trip Release

I hereby grant permission for my child/children to participate in field trips or event trips. I also hereby hold harmless, and release Beth Shalom and/or its representatives from any liability regarding thereto, including, but not limited to, transportation to and from all activities relating to these trips.

Parent/Guardian Signature: _____ Date: _____

2023-2024 Beth Shalom Financial Policies & Annual Pledge Form

We hope that each member's affiliation with Beth Shalom brings fulfillment, joy, and lasting friendships through prayer, community, study and social action. To successfully perform our mission, each of us must contribute financial support at an appropriate level. If we all had similar incomes, if we all had similar demands on our resources, if we all had similar plans for the future, everything would be simple. However, the reality is more complex. Thus, the Board has developed a Minimum Annual Commitment (MAC) plan presented in the table below to help families in determining their Annual Pledge. The MAC represents only a portion of what is required to cover temple programs and operations and combine both membership fees and building maintenance fees. Even with this plan, the Board recognizes that, while some people cannot afford the MAC, other people can afford to pledge more. The Board believes we can strike a balance, but the process relies on each of us to honestly assess our financial situations and determine our Annual Pledge for the year. Such an assessment, along with prompt payment of Annual Pledges, will help build a healthy congregation and a strong community in which anyone can participate. Our fiscal year runs from July 1 through June 30. Depending on when you join during our fiscal year, you may have the option of prorating your MAC. Please review the following information and determine your Annual Pledge.

Minimum Annual Commitment Giving Levels

A household's MAC is based on the age of the oldest adult as of July 1.

Age	Category	Minimum Annual Commitment
	Full-Time Student (Individual)	\$84
Under 30	Individual	\$240
Under 30	Family	\$480
30 – 34	Individual	\$720
30 – 34	Family	\$1428
35 – 64	Individual	\$1968
35 – 64	Family	\$2640
65 and Over	Individual	\$1068
65 and Over	Family	\$1776

For congregants who can afford to pay the basic Minimum Annual Commitment, you may choose to pay annually, semiannually, quarterly or monthly with an optional automatic bank draft.

For congregants who cannot afford to pay the MAC, please contact the treasurer, president, or president-elect. These members of our financial team consider all special requests on a case by case basis, as it is neither realistic nor appropriate to expect every member to pay the full MAC. No one is ever turned away because of an inability to pay the full amount requested. All arrangements made for reduced dues must be paid via automatic bank draft or in full with the Financial Commitment Form.

For congregants who can afford to pledge more than the MAC, the Board has established Suggested Giving Levels. The Suggested Giving Level helps balance the financial scales so that any potential member, regardless of income, has the opportunity to join Beth Shalom. Please consider contributing according to the table provided below.

Income	Suggested Giving Level
\$100,000	\$2,500 or more
\$120,000	\$3,000 or more
\$160,000	\$4,000 or more
\$200,000	\$5,000 or more

Additionally, we are excited to introduce “Honor Circles for Annual Giving Donations” ranging from \$3960 to \$11880. Contributors who give at these levels will receive special recognition. We hope to have at least 18 members in our new Honor Circles.

Honor Circle	Annual Donations
Mitzvah Circle	\$3960
President’s Honor Circle	\$5940
Rabbi’s Honor Circle	\$7920
Circle of Blessing	\$9900
Circle of Life	\$11880

Religious School and Teen Program Fees

Religious School and Teen Program fees are separate from synagogue support. The Religious School offers classes for children in Pre-Kindergarten through 7th Grade.

All youth in grades 6 through 12 are automatically enrolled in our Teen Program, which offers the following:

For parents of sixth and seventh graders: Your child is automatically enrolled in the Jr. BeShTY program, our junior youth group. There is no enrollment fee; however, you may incur expenses with each individual event.

For parents of teens in grade eight: Your teen is automatically enrolled in the Jr. BeShTY program, our junior youth group, and the teen class program that will be offered this year. In addition, your teen may apply to participate in the Madrichim/Mitzvah Corps program. If your teen is interested in the Madrichim/Mitzvah Corps program, he/she must apply through a separate process. You and your teen may receive information about this application process by contacting Rabbi Eder at rabbi@bethshalomnc.org. *You will be assessed a \$114 fee per teen for the Teen Program regardless of how many individual events your teen attends, and even if your teen chooses to not participate in any of our teen programs.* This fee does not include costs associated with individual BeShTY events.

For parents of teens in grades nine through twelve: Your teen is automatically enrolled in the Sr. BeShTY program, our senior youth group, and the teen class program that will be offered this year. In addition, your teen may apply to participate in the Madrichim/Mitzvah Corps program. If your teen is interested in the Madrichim/Mitzvah Corps program, he/she must apply through a separate process. You and your teen may receive information about this application process by contacting Rabbi Ederly at rabbi@bethshalomnc.org. *You will be assessed a \$114 fee per teen for the Teen Program regardless of how many individual events your teen attends, and even if your teen chooses to not participate in any of our teen programs.* This fee does not include costs associated with individual BeShTY events.

Grade/Program	Total School Fee	Teen Program Fee
Pre-Kindergarten-Kindergarten	\$480	--
1 st Grade	\$510	--
2 nd Grade	\$537	--
3 rd Grade	\$828	--
4 th Grade	\$828	
5 th Grade	\$828	--
6 th Grade	\$840	--
7 th Grade	\$810	--
8 th -12 th Grades	--	\$114

Annual Pledge & Registration Fees

A) 2023–2024 Annual Pledge. Please write in your Annual Pledge (if you need a fee adjustment, please write in what you can afford to pay): \$_____.

B) Religious School Fees. Please complete even if you will need a fee adjustment:

Name of Student	Total School Fees
Total Religious School Fees	

C) Teen Program Fees (for students in grades 8 through 12 only). Please complete even if you need a fee adjustment:

Name of Student	Grade	Teen Program Fee
Total Teen Program Fees		

D) Total Membership Fees. Please add above fees (A + B + C). If you will be requesting a fee reduction, please write in what you can afford to pay:

Total New Member & Registration Fees: \$ _____

Payment Schedule. Congregants who pledge the basic MAC or more may choose to pay annually, semi-annually, quarterly, or monthly with an optional automatic bank draft. All arrangements made for reduced fees must be paid via automatic bank draft or in full with this form. If applicable, please submit your first payment with this form.

____ Monthly Automatic Bank Draft ____ Annual ____ Semi-annual ____ Quarterly ____ Reduced

Please check here ____ **if you prefer your contributions to remain anonymous.**