



MEMBERSHIP APPLICATION

180 Lincoln Avenue
 Elberon, NJ 07740
 Office - 732-222-3754
www.bethmiriam.org

Application date _____

Welcome to Temple Beth Miriam. We are delighted you have chosen to become part of our community. We hope that you will find membership an enriching experience and encourage you to explore the diverse opportunities for Jewish expression that Temple Beth Miriam offers. Please call upon our clergy, staff, and lay leaders whenever we can assist you in becoming part of our Temple Beth Miriam family. All information in this application will be treated confidentially. Please call our office at 732-222-3754 if you have any questions at all or need assistance in filling out this application.

Beth Miriam is a place of education and learning, prayer and inspiration, music and exploration. We are a liberal congregation that embraces all Jews, showing warmth, love and equality to all genders, races, sexual orientations, marital and parental statuses. We also welcome the interfaith family to our congregation openly and lovingly.

We invite you to become a part of this congregation, and we hope that you do. Whether you take advantage of our worship experiences, educational opportunities, children's programming, Youth Groups or our many committees and affiliates, you will find something here to fulfill you and excite you.

Personal Information

	ADULT APPLICANT 1 <input type="checkbox"/> Male <input type="checkbox"/> Female	ADULT APPLICANT 2 <input type="checkbox"/> Male <input type="checkbox"/> Female
Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. Other ___ _	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. Other _____
Full Name		
By what first name do you wish to be addressed (if different from above)?		
Personal Status	<input type="checkbox"/> Single <input type="checkbox"/> Married _____ (date) <input type="checkbox"/> Partnered <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input type="checkbox"/> Single <input type="checkbox"/> Married _____ (date) <input type="checkbox"/> Partnered <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Hebrew Name (if known)		
Date of Birth		
Birthplace		
Former city and state of residence		
Special Accommodations needed	<input type="checkbox"/> Visual impairment (large print prayer book) <input type="checkbox"/> Auditory impairment (assisted hearing devices) <input type="checkbox"/> Physically challenged <input type="checkbox"/> Other _____	<input type="checkbox"/> Visual impairment (large print prayer book) <input type="checkbox"/> Auditory impairment (assisted hearing devices) <input type="checkbox"/> Physically challenged <input type="checkbox"/> Other _____
Community Affiliations		

Contact Information

How would you like your name(s) to appear on Temple mailings? We will do our best to accommodate your request within system capabilities.

Name(s): _____

Home address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Cell Phone 1: _____ Cell Phone 2: _____

Email 1: _____ Email 2: _____

I would like to receive temple communications via email.

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Religious Background

	Adult Applicant 1	Adult Applicant 2
Religious background in which you were raised	<input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Other _____ <input type="checkbox"/> Jewish unaffiliated	<input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Other _____ <input type="checkbox"/> Jewish unaffiliated
If you became Jewish as an adult Date, Congregation, City		
Bar/Bat Mitzvah (if applicable) Date, Congregation, City		
Confirmation (if applicable) Date, Congregation, City		
Congregation most recently or currently affiliated with		
Please list any relatives who are Temple Beth Miriam members		
Have you ever been a member of another synagogue? If so, when?		

Business Information

	Adult Applicant 1	Adult Applicant 2
Occupation/Title		
Area of specialization		
Employer		
Address		
City, State, Zip		
Business Phone		
Business Fax		
Business Email		

Yahrzeit Information

Name	Date of death Before/After sundown	Family Relationship

Please attach a separate sheet for additional names.

Request information on memorial plaque(s) at Temple Beth Miriam.

Children's Information

	Child 1 <input type="checkbox"/> Male <input type="checkbox"/> Female	Child 2 <input type="checkbox"/> Male <input type="checkbox"/> Female	Child 3 <input type="checkbox"/> Male <input type="checkbox"/> Female	Child 4 <input type="checkbox"/> Male <input type="checkbox"/> Female
First and middle name				
Last name (if different)				
Hebrew name (if known)				
Birth date (and grade if applicable)				
Address (if not living with you)				
Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partnered	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partnered	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partnered	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partnered
Is this child being raised 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 Religious School at Temple Beth Miriam?	<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
Bar/Bat Mitzvah: Date, Congregation, City				
Confirmation: Date, Congregation, City				
If previously attended Religious School, list Congregation and City				

If you have more than four children, please attach an additional page.

Emergency Contact Information

Adult 1 Name: _____

Phone: _____ Relationship: _____

Address: _____ City: _____ State: _____

Dr. Name & Phone: _____

Health Care Proxy: _____

Adult 2 Name: _____

Phone: _____ Relationship: _____

Address: _____ City: _____ State: _____

Dr. Name & Phone: _____

Health Care Proxy: _____

Opportunity for Participation

At Temple Beth Miriam, we believe that joining a congregation is a spiritual and emotional commitment. We encourage all congregants to become involved in all aspects of life in our congregational community. Those who volunteer are doing a mitzvah for a community that is very important to all of us at Temple Beth Miriam. Please indicate which of these areas interest you by checking the appropriate box or boxes. Your participation will help strengthen the community and will make your temple experience more meaningful. You will be contacted by a congregation member with more information.

- | | | |
|---|---|--|
| <input type="checkbox"/> Adult Learning | <input type="checkbox"/> Holiday Celebrations and/or decoration | <input type="checkbox"/> Temple Committees |
| <input type="checkbox"/> Budget and Finance | <input type="checkbox"/> Assisting with office work | <input type="checkbox"/> Youth Activities |
| <input type="checkbox"/> Social Action & Mitzvah Projects | <input type="checkbox"/> Religious School Activities & projects | <input type="checkbox"/> Library |
| <input type="checkbox"/> Communications & Publicity | <input type="checkbox"/> Membership and Outreach | <input type="checkbox"/> Bulletin Writing, Editing |
| <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Sisterhood/Women of Reform Judaism | <input type="checkbox"/> Religious Practices |
| <input type="checkbox"/> Music – Choir or Musical Ability | <input type="checkbox"/> Brotherhood of Beth Miriam | <input type="checkbox"/> Family Affairs |

Talent and Interest Survey

- | | | | | | | |
|-----------------------------------|---------------------------------|-----------------------------------|------------------------------------|--|---|--|
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Music | <input type="checkbox"/> Painting | <input type="checkbox"/> Gardening | <input type="checkbox"/> Electrical | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Israeli Dancing |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Baking | <input type="checkbox"/> Driving | <input type="checkbox"/> Carpentry | <input type="checkbox"/> Sewing/Needlework | <input type="checkbox"/> Art | <input type="checkbox"/> Travel |
- Other _____

What are your passions? What are your interests?

Applicant 1: I, _____, am applying to become a member of Temple Beth Miriam.

Signature _____ Date _____

Applicant 2: I, _____, am applying to become a member of Temple Beth Miriam.

Signature _____ Date _____

2017 SCHEDULE OF DUES AND SPECIAL FEES

DUES

First Year Welcome-Anyone or family joining the temple for one full year.	\$900
Full Family - A couple one of whom is over 35, with or without children	\$1,960
Single Parent - A person over 35 with one or more dependent children	\$1,124
Senior Citizen Couple - A couple, both of whom are over 65	\$1,260
Senior Single - A person over 65	\$1,155
Young Family - A couple, both of whom are under 35, with or without children	\$1,040
Single - A person over age 30, without dependent children	\$1,193
MUM fee (Maintenance of Union Membership) charge per family unit by the URJ	\$ 160

New members under the age of 30 (both husband and wife must be under 30) if applicable, will have their dues obligation waived until the calendar year after their 30th birthday. Members who fall into this special dues category will be responsible for an annual Building Fund Endowment Contribution of \$1,500.

Temple Beth Miriam is devoted to the value that financial hardship should not stand in the way of Temple affiliation. If a member or prospective member is in need of special financial consideration, confidential arrangements that will modify the dues schedule can be made. Contact the Temple office to request information.

Dues will be pro-rated for members who join as follows:

First quarter of the year = full dues.

Second quarter = pro-rated based on month joined.

July to High Holidays = half yearly dues.

After High Holidays = pro-rated by month joined.

RELIGIOUS SCHOOL FEES

Pre-K -2 (Sundays only)	\$425
Grades 3-6 (Sundays and Wednesdays)	\$720
Grade 7 (Sundays and Wednesdays)	\$600
Bar/Bat Mitzvah training fee	\$700
TBM Teen Academy (one Sunday a month)	\$100/year

THE TEMPLE BETH MIRIAM BUILDING FUND ENDOWMENT –

As a new member you are asked to make a minimum pledge of \$1,500.00 to the Beth Miriam Building Fund Endowment. In this way you will share in the preservation of our temple and enable us to fulfill our spiritual, educational, cultural and social needs.

Families who have completed payment on a Building Fund to another congregation are welcome to make an additional but optional gift to the Beth Miriam Building Fund Endowment.

I (We) hereby make application for membership in Temple Beth Miriam.

I (We) *pledge* a total of \$_____ to the **Building Fund**, payable over a period of _____ years.

Enclosed are my dues contribution of \$_____ and my Building Fund contribution of \$_____

The Beth Miriam Capital Campaign

In 2005 Beth Miriam ventured on a Capital and Endowment Campaign to renovate the temple and provide income for the future. The campaign remains open and you are invited to participate in it. Monies will be dedicated to the Endowment and the Religious School renovation. Pledges are payable over a five-year period and you will receive recognition on the recognition board in the main foyer. If you have any questions at all, please feel free to call the temple.

I (We) would also like to make a *pledge* of \$_____ to the **Capital and Endowment Campaign** payable over a period of _____ years.

Signature

Date

For the Board of Trustees

Date