

TEMPLE BETH ELOHIM

Membership Agreement

I (we) agree to pay the following dues to Temple Beth Elohim for the membership year July 1, 2009 – June 30, 2010.

Check one option below.

- \$450 FAMILY MEMBERSHIP** - two adult household with or without dependent children.
- \$325 SINGLE MEMBERSHIP** - one adult with or without dependent children; one adult in an interfaith household, if desired.
- \$250 *ASSOCIATE MEMBERSHIP** - singles or families retaining a current full membership in another temple. Documentation required.
Name and location of primary temple _____
- \$18 CHAI MEMBERSHIP** - an independent student enrolled at a local college/university.

Contact Information

I (we) would like to enclose or pledge an additional \$_____ for the General Fund in memory of or in honor of_____.

I (we) would like to enclose or pledge an additional \$_____ for the Capital Improvement Fund.

If you wish to make payments other than 'payment in full', have your dues pro-rated, or discuss other payment options, please contact our treasurer, Phil Aarons, at (843)357-8105

Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____

Bus. Phone _____ Cell _____

Email _____

Signature Date

ONEG SHABBAT SIGN UP

Onegs will be held on the *2nd and 4th Friday of each month*. The new schedule will begin on October 9th with a board sponsored Oneg to welcome new and prospective members.

Please select 2 or 3 *oneg dates and list them below. We will put together the schedule and let you know which **1 date** will be your responsibility. We encourage you to partner with another member to add variety, camaraderie and reduce costs!

If you would like to host a summer oneg, select the 2nd or 4th Friday in July or August. If you do not live locally, you are welcome to make a donation to the Capital Improvement Fund in lieu of hosting an oneg.

Date #1 _____ Date #2 _____ Date #3 _____

I would like to make an Oneg donation of \$_____ to the Capital Improvement Fund.

***Oct 23, Nov 13, Dec 11, 25, Jan 8, 22, Feb 12, 26, Mar 12, 26, Apr 9, 23, May 7, 21**

Mail payment with this Membership Agreement and the Information Page to:

Joy Birnbaum, Membership Chairperson, 624 Francis Parker Rd.

Georgetown, SC 29442

843-527-7545

E-mail tbe@chaitrack.com Web site www.templebethelohim.net

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INFORMATION PAGE

YOUR NAME _____

Please provide the following information so your loved ones can be remembered at the appropriate Shabbat service.

Yahrzeit Information

Name	Relationship	Month/Day/Year of Death	Hebrew Date (If known)

Please provide your birthday and anniversary information for our SUNSHINE COMMITTEE.

Birthday(s)

Name	Day/Month

Anniversary(s)

Name	Day/Month