

Temple Beth Elohim

...a blend of faith and friendship for over 100 years.

230 Screven Street
Post Office Box 571
Georgetown, South Carolina 29442
(843) 527-7545

Officers

Gene Vinik, *President*
Ned Cohen, *Vice President*
Richard Dimentstein, *Secretary*
Philip Aarons, *Treasurer*
Elizabeth Moses, *Historian*

Trustees

Jay Ard
Joy Birnbaum
Seymour Birnbaum
Chuck Borash
Shelly Gershman
Carrol Sallas

July 2010

Dear Valued Member,

Thank you for continuing your membership in our congregation this past year and for helping us preserve Temple Beth Elohim's historic past.

Memberships are now due for the current fiscal year of July 2010 through June 2011. The board has worked very hard managing our finances in these difficult times and is proud to inform you that once again, your ***dues have not increased.***

Now is the time to sign up to host or sponsor an oneg to commemorate a special event, person or date. If you live locally, please select a date with one or two alternate dates. If you live out of town, or prefer not to host an oneg, a donation to the Capital Improvement Fund, in lieu of hosting, would be greatly appreciated.

We are committed to ensuring that no member is excluded because of limited financial means. Special financial arrangements can be made through a discreet inquiry with our treasurer, Phil Aarons. He can be reached at 843-357-8105.

Temple Beth Elohim is counting on you to continue your participation at services, adult education, havdallah, holidays and special events. If you have any questions concerning membership, please call me at 843-520-1528.

Sincerely,

Joy Birnbaum

Joy Birnbaum
Membership Maven

TEMPLE BETH ELOHIM

Membership Agreement

I (we) submit application for membership in Temple Beth Elohim. I (we) agree to pay the following dues to Temple Beth Elohim for the membership year July 1, 2010 – June 30, 2011.

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 _____

ONEG SHABBAT SIGN UP

Signature Date

Onegs will be held on the *2nd and 4th Friday of each month*. The new schedule will begin on September 10th with a board sponsored Oneg to welcome new and prospective members.

Please select 2 or 3 *oneg dates and list them below. We will coordinate a 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, or you prefer not to host an oneg, you are welcome to make a donation to the Capital Improvement Fund in lieu of hosting.

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

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

Sept 24, Oct 8, 22, Nov 12, Dec 10, 24, Jan 14, 28, Feb 11, 25, Mar 11, 25, Apr 8, May 13, 27

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

Joy Birnbaum 624 Francis Parker Rd. Georgetown, SC 29440
(843)520-1528

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

***Associate Memberships cannot be pro-rated.**

TEMPLE BETH ELOHIM

INFORMATION PAGE

YOUR NAME _____

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

***Submit this Information Page if any of your information has changed.

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