



Welcome! We are pleased you are interested in becoming a member of Temple Beth Am- a warm and welcoming Reform Synagogue that serves the MetroWest area.

TEMPLE BETH AM
 300 Pleasant Street, Framingham, MA 01701
 508-872-8300 Fax: 508-302-0202
 website: www.tempbetham.org
 email: shalom@tempbetham.org

MEMBERSHIP APPLICATION

PERSONAL INFORMATION:

MEMBER 1, LAST: _____ FIRST: _____ BIRTHDAY: / /

MEMBER 2, LAST: _____ FIRST: _____ BIRTHDAY: / /

ADDRESS: _____ ANNIVERSARY: / /

_____ ZIP CODE: _____

HOME PHONE: _____ - _____ - _____ CELL PHONE (MEMBER 1): _____ - _____ - _____

FAX: _____ - _____ - _____ CELL PHONE (MEMBER 2): _____ - _____ - _____

EMERGENCY NAME & PHONE: _____

EMAIL (member 1): _____

EMAIL (member 2): _____

PREVIOUS TEMPLE AFFILIATION:

(If you have previously contributed to a Building Fund, please list your former congregation name & address.)

Congregation: _____

Address: _____

CHILDREN:

(Please remember to include middle name)

<u>NAME</u>	<u>BIRTHDATE</u>	<u>CURRENT YR SCHOOL</u>	
		<u>Public/Private</u>	<u>Religious</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT:

Member 1 career: _____ Currently working? Yes No

Member 1 other special talents or interests _____

Member 2 career: _____ Currently working? Yes No

Member 2 other special talents or interests _____

Member 1 Business Name & Address: _____

Phone: _____ - _____ - _____

Email: _____

Fax: _____

Member 2 Business Name & Address: _____

Phone: _____ - _____ - _____

Email: _____

Fax: _____

Yahrzeits:

<u>Name</u>	<u>Relationship</u>	<u>To Whom?</u>	<input type="checkbox"/> <u>Preference</u> Hebrew Date or English Date	<input type="checkbox"/>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

MEMBERSHIP CLASSIFICATION: (Please mark which membership you are applying for.)

- | | | |
|---|---|--|
| <input type="checkbox"/> Adult Family | <input type="checkbox"/> Single Adult I (age 25-30) | <input type="checkbox"/> Golden Age Single |
| <input type="checkbox"/> Young Adult Family | <input type="checkbox"/> Single Adult II (age 31-35) | <input type="checkbox"/> Golden Age Couple |
| <input type="checkbox"/> Single Parent Family | <input type="checkbox"/> Young Adult Couple I (ages 25-30) | <input type="checkbox"/> Associate Member Single |
| <input type="checkbox"/> Single Adult over age 36 | <input type="checkbox"/> Young Adult Couple II (ages 31-35) | <input type="checkbox"/> Associate Member Couple |

Payment Method Desired:

- _____ Monthly
- _____ Quarterly
- _____ Semi-Annually
- _____ Annually

Temple Beth Am's Fiscal Year is from July 1st to June 30th.
Congregational dues are payable July 1st for the current fiscal year. Please check the appropriate payment method. Contact the Temple Office at 508-872-8300 with any questions.

** Please note: New members joining Temple Beth Am between 7/1 and 10/31 will be charged dues retroactive to 7/1 of the current year.*

In addition to the dues commitment, I/We agree to contribute to the Temple Beth Am Building Fund. The minimum pledge is \$1,750.00, which may be paid over a period of up to five years with a minimum of 20% per year. Should any of the financial requirements mentioned above constitute an undue burden, please notify the Temple Administrator to begin the dues abatement process. This dues abatement is done in a strictly confidential manner between VP Finance and the member family.

_____ Date

_____ Signature of Applicant 1

_____ Signature of Applicant 2

PERSONAL INFORMATION:

Does anyone in your family have a handicap or disability, which requires special services? _____

Is there any information regarding you or your family of which the clergy should be aware? _____

(If you would like to speak privately with the clergy, just note "yes".) _____

Name of close relatives at Temple Beth Am: _____

Other information or remarks _____

**SEND YOUR COMPLETED APPLICATION AND A \$200.00 CHECK TO:
TEMPLE BETH AM 300 Pleasant Street, Framingham, MA 01701**

MISCELLANEOUS:

A special introductory membership is offered for first-time members: \$180 for the first year.

If you have any questions that are not answered by this informational sheet or if you have special conditions/situations that you would like to discuss, please contact the temple office at 508-872-8300 and leave a message and the appropriate temple representative will get back to you as soon as possible.

If you have paid all or part of a Temple Building Fund at Temple Beth Sholom (Framingham), Temple Israel (Natick) or an out of town Reform Congregation that is affiliated with the U.R.J. please notify us of this on your application and upon receipt of verification from that temple, we will adjust your building fund obligation accordingly.

Membership in any of the dues categories noted entitles you to the appropriate number of High Holiday tickets.

Membership also entitles you to a complimentary one-year membership in Brotherhood or Sisterhood, whichever is applicable.