



# Beth El Congregation

750 White Pond Drive  
Akron, OH 44320  
330.864.2105  
www.bethelakron.com

## BETH EL CONGREGATION MEMBERSHIP QUESTIONNAIRE

### Member 1

Last Name \_\_\_\_\_  
First Name \_\_\_\_\_  
Preferred Title \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Preferred Pronouns \_\_\_\_\_  
Marital Status \_\_\_\_\_  
Anniversary Date \_\_\_\_\_  
Occupation \_\_\_\_\_  
Email Address \_\_\_\_\_  
Cell Number \_\_\_\_\_

Are you Jewish? \_\_\_ Yes \_\_\_ No  
To be considered Jewish, you must be either born to a Jewish mother or have undergone a traditional ritual conversion to Judaism. We welcome intermarried couples and anyone, Jewish or not, who wishes to lead a life involved with Judaism. Anyone can be part of our community. We adhere to traditional Jewish law so some things are limited to those of the Jewish faith, such as voting rights and certain ritual activities.

Your Hebrew Name \_\_\_\_\_

Father's English & Hebrew Name  
\_\_\_\_\_

Mother's English & Hebrew Name  
\_\_\_\_\_

Are you a  
Kohen \_\_\_ Levite \_\_\_ Israelite \_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

### Member 2

Last Name \_\_\_\_\_  
First Name \_\_\_\_\_  
Preferred Title \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Preferred Pronouns \_\_\_\_\_  
Marital Status \_\_\_\_\_  
Anniversary Date \_\_\_\_\_  
Occupation \_\_\_\_\_  
Email Address \_\_\_\_\_  
Cell Number \_\_\_\_\_

Are you Jewish? \_\_\_ Yes \_\_\_ No  
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Your Hebrew Name \_\_\_\_\_

Father's English & Hebrew Name  
\_\_\_\_\_

Mother's English & Hebrew Name  
\_\_\_\_\_

Are you a  
Kohen \_\_\_ Levite \_\_\_ Israelite \_\_\_

### CHILDREN (ONLY those still living at home who are college and under, please)

Name	Hebrew Name	Birthdate	Gender	School/Grade/College
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Yahrzeits**

Name	Relationship	Hebrew Name	Secular & Hebrew Date of Death
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What synagogue activities interest you or any member of your family?

- \_\_\_\_\_ *Torah* Reading
- \_\_\_\_\_ Leading services/*minayn*
- \_\_\_\_\_ Chanting the *Haftarah*
- \_\_\_\_\_ Volunteering for various activities

Serving on one of the Committees listed below:

- \_\_\_\_\_ Membership & Outreach
- \_\_\_\_\_ Social Action
- \_\_\_\_\_ Ritual
- \_\_\_\_\_ Education
- \_\_\_\_\_ Fundraising
- \_\_\_\_\_ Programming
- \_\_\_\_\_ Caring Committee
- \_\_\_\_\_ Sisterhood

Please provide any additional information you feel might make your association at Beth El a more enriching experience.

Financial support is essential to keep our synagogue strong. The more you are able to support the synagogue, the more we can give back to the congregation and the community. The Congregation realizes that not everyone is able to support the synagogue in the same way. It is because of this that we offer many options for support. If you find the available options still place you in a difficult financial position, we welcome you to contact the synagogue office for more information. **Membership is never denied because of the inability to meet these levels; alternative arrangements may be made in a private discussion with the membership chair prior to signing this agreement.** Listed below is the dues structure for members of Beth El Congregation. Our congregation does not have a building fund or school tuition; minimal book and activity fees are the only charges for the religious school. Dues may be paid monthly, quarterly, semi-annually, or in full. Dues are pro-rated quarterly for new members joining after August 1<sup>st</sup>.

- Seat Holder                 \$3192 -This level provides you with reserved seats at High Holidays and greatly appreciated financial support to Beth El.
- Full Dues                     \$2054
- Over 70 years of age     \$1391
- Associate                  \$ 509 (must be a full member of another congregation)

I/We have agreed to \$\_\_\_\_\_ dues for the coming year. I/We would like to pay dues \_\_\_\_\_ (monthly, quarterly, semi-annually, or in full). Enclosed is the first payment of \$\_\_\_\_\_. (Credit card form included in this mailing should you desire that method of payment)

Signed \_\_\_\_\_

*For office use only*

Date Received \_\_\_\_\_ Approved by President or Membership Officer \_\_\_\_\_



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## Credit Card Payment Authorization Form

### Credit Card Holder Information

Check Credit Card Type:

Visa     Mastercard     Discover     American Express

\$ \_\_\_\_\_ X  $\frac{1 \quad 4 \quad 12}{\text{\# of Payments}}$  = \$ \_\_\_\_\_  
Payment Amount (Please Circle One) Total Dues

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_ (MM/YY)      CID Code: \_\_\_\_\_

Name as it appears on Credit Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Apply Payment to \_\_\_\_\_ Dues Account  
*Congregant Name on Dues Account*

Comments: \_\_\_\_\_  
\_\_\_\_\_

Please return this form to in the Beth El Office