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 ____

**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

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 _____

**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 *Haftorah* _____ 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 1st.

| | |
|---|---|
| CORNERSTONE | $3600-This level provides you with reserved seats at High Holidays and greatly appreciated financial support to Beth El. |
| FULL DUES | $2400 |
| SENIOR (over 70) | $1500 |
| Associate | $750(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 _____

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*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 __1__ __4__ __12__ = $_____
Payment Amount # of Payments (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