

Temple Beth-El 3980 Sonoma Springs Avenue Las Cruces, NM 88011

Application for Membership

Applicant(s) name (s)		
Marital Status: single married		
date of marriage Dat	e of conversion, if applicable _	
Contact Information:		
Mailing Address	Citv	Zip
Home Address	City	 Zip
Home phone:	Cell Phones:	·
E-mail address for Temple contac	t	
FULL NAME including maiden		
name if appropriate		
Birth Date		
Birthplace		
Mother's full name		
Father's full name		
Former city of residence		
Name and place of last		
congregational affiliation		
Bar/Bat Mitzvah Date		
Occupation/Profession		
Place of employment		
Educational degrees		
Special skills, expertise, talents		
	Please indicate your	Please indicate your interest
	interest in participating in	in participating in any of
	any of these Temple Beth-	these Temple Beth-El
	El opportunities:	opportunities:
	 Religious worship studies 	 Religious worship studies
	Sisterhood March archin activities	Sisterhood March archin patinitia
	Membership activitiesJewish studies	Membership activitiesJewish studies
	Adult education	Adult education
	Social action	Social action
	o Choir	o Choir
	 Board participation Youth activities 	 Board participation
	o rodin dolivido	 Youth activities
	 Religious school teaching. 	 Religious school teaching.

CHILDREN

NAME	DATE OF BIRTH	CURRENT SCHOOL GRADE

YAHRZEIT INFORMATION

All Yahrzeits at Temple Beth-El will be read on the Hebrew day of the year. If you require an English date, please call the TBE office

NAME	RELATIONSHIP	DATE OF DEATH

EMERGENCY CONTACT

If you would like Temple Beth-El to retain the name of an emergency contact for your family (someone not living in your household), please complete the following

Name:	_
Relationship	 _
Address	_
Phone numbers	

TEMPLE BETH EL DIRECTORY

The Temple Beth El Directory is published once a year and distributed to all Temple members. In the space provided below, please indicate which information you would like to have published in the next Directory. (It is distributed only to current TBE members. (Example at below.)

Names:		 	
Address:			
Dhana Numbara			
E-Mail Addresses:			

Doe, Judy and Bill Children: Mark, Susan 123 Desert Spring Street Las Cruces, NM 88888 (h) 525-1111 (m) 525-1112 (w) 525-1113 bdoe@comcast.net jdoe@nmsu.edu

Which of these is your PREFERRED method of contact for regular and more urgent Temple announcements e.g. weekly announcements, death of congregant etc.? ______(If not specified, e-mail addresses will be used.)

Please indicate all household members for whom you are seeking membership.

Names	Relationship	Religious School Student?

Is/are the applicants affiliated with any other religious organization or in any way connected with the Messianic movement (Jews for Jesus, Menorah Ministries etc? Yes___ No___

DUES: Temple Beth El is a non-profit religious organization that derives most of its income from membership and the rest from frequent fundraisers. We welcome your membership and participation. To keep our community vibrant and active, we ask that you pay no less than 2% of your gross income as dues to the Temple. We are very flexible with this amount, and, if hardship exists, please discuss with the Dues Chair.

DUES SCHEDULE

INCOME	ANNUAL INCOME DUES
\$40,000-\$50,000	\$800-\$1000
\$50,000-\$60,000	\$1000-\$1200
\$60,000-\$70,000	\$1200-\$1400
\$70,000-\$80,000	\$1400-\$1600
\$80,000-\$90,000	\$1600-\$1800
\$90,000-\$100,000	\$2000-\$2200
\$100,000-\$120,000	\$2200-\$2400
Greater than \$120,000	2% gross family income

TEMPLE BETH EL MEMBERSHIP By Laws ARTICLE 11: MEMBERSHIP (page 14)
Section 1: A member in good standing is one whose dues are not in arrears. Dues are not in arrears if they are paid 25% by the end of the first quarter and at least 25% at the end of each quarter thereafter so that they are paid in full by June 30th of that fiscal year unless other specific arrangements have been made with the Dues Committee.

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My/Our Annual Pledge is:	
Building Maintenance Fund: I/We understand that a separate pay Maintenance Fund is a requirement for membership in Temple Bet assessment of \$400 is payable as either a lump sum payment in yet payments of at least \$100 beginning year one.	h-El. This <u>one-time</u>
I give my permission to add my contact information to the Temple [Directory and to Adelante.
I/We hereby make application for membership in Temple Beth-El. I Membership in Good Standing relies on payment of yearly Dues.	/We understand that
Signature of Applicant	Date
Signature of Applicant	Date
Signature of Membership Committee Chair	 Date

6/17/2020