



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

Application for Membership

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

For Individuals or couples: Marital Status: single ___ married ___ partnered ___ divorced ___
 widowed ___ If married, date of marriage ___ Date of conversion, if applicable, name:

Contact Information for Individuals or couples:

Mailing Address: _____ City _____ Zip _____

Home Address: _____ City _____ Zip _____

Home phone: _____

Cell Phones: Name: _____ Name _____

Number: _____ Number: _____

E-mail: _____

	Member 1	Member 2
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		

	Member 1	Member 2
Special skills, expertise, talents	Please indicate your interest in participating in any of these Temple Beth-El opportunities: <ul style="list-style-type: none"> <input type="radio"/> Religious worship studies <input type="radio"/> Sisterhood <input type="radio"/> membership activities <input type="radio"/> Jewish studies <input type="radio"/> adult education <input type="radio"/> social action <input type="radio"/> choir <input type="radio"/> Board participation <input type="radio"/> youth activities <input type="radio"/> religious school teaching <input type="radio"/> Mitzvah Team. <input type="radio"/> Mensch Club 	Please indicate your interest in participating in any of these Temple Beth-El opportunities: <ul style="list-style-type: none"> <input type="radio"/> Religious worship studies <input type="radio"/> Sisterhood <input type="radio"/> membership activities <input type="radio"/> Jewish studies <input type="radio"/> adult education <input type="radio"/> social action <input type="radio"/> choir <input type="radio"/> Board participation <input type="radio"/> youth activities <input type="radio"/> religious school teaching. <input type="radio"/> Mitzvah Team <input type="radio"/> Mensch Club

CHILDREN

Name	Date Of Birth	Current School and Grade	Interested In Religious School?

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 Home: _____ Cell: _____

TEMPLE BETH EL DIRECTORY

The Temple Beth El Directory is published once a year and distributed to all Temple members. Do you want your address, phone and email published in the next Directory. (It is distributed only to current TBE members. Yes____; No _____ If no, what can we publish?

What 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.)

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 suggested dues based on your gross income. See page 4 for the dues schedule. **If hardship exists, please discuss with the Treasurer. See page 5 for Request for Dues Modification.**

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.



Temple Beth-El Dues Schedule

INCOME	ANNUAL INCOME DUES
Up to \$30,000	\$650
\$30,000-\$40,000	\$650-\$800
\$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

Exceptions:

- Those with household incomes of less than \$30,000 or otherwise requesting a reduction in dues should complete the enclosed “**Dues Modification Request**” with this application.
- **No one will be turned away for inability to pay.** For hardship, call or email Joel Siegel, Treasurer 575-302-3518 or joelcnm82@yahoo.com to discuss your situation.
- **Building Maintenance Fund:** I/We understand that a separate payment to the Building Maintenance Fund is a requirement for membership in Temple Beth-El. This one-time assessment of \$400 is payable as either a lump sum payment in year one, or in 4 annual payments of at least \$100 beginning year one.

We are so glad that you have decided to become a member of Temple Beth El. Once we have decided on an amount, your membership application will be completed and will be sent to the Board of Directors for acceptance.

Send no money now. Upon acceptance, your Annual Pledge and Maintenance Fee will be invoiced, and your pledge will be prorated to the number of full remaining months in the current Fiscal Year (July - June30).

My/Our Annual Pledge (excluding Building Maintenance Fund Assessment) is: _____

I/We hereby make application for membership in Temple Beth-El. I/We understand that Membership in Good Standing relies on payment of yearly Dues.

Signature of Applicant

Date

Signature of Applicant

Date

Signature of Membership Committee Chair

Date

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REQUEST FOR DUES MODIFICATION

I/we request a dues adjustment for the following reasons: Membership will NOT be denied because of inability to pay when request is made. **(Please circle all that apply)**

- ✓ **Income, Health and/or family issues** prevent me from making my fair share pledge this year. **Please** explain:

- ✓ **I/We would like to apply for ASSOCIATE MEMBERSHIP:**

Temple Beth-El offers “associate family memberships” in selected circumstances to families who otherwise meet the criteria for membership. These associate memberships confer all the rights and responsibilities of TBE regular membership except for voting rights and the right to hold office and/or be a Trustee of the Organization.

These associate memberships are designated for:

- **The Jewish family resides annually in Las Cruces for 6 or fewer months per year** and does not want a full membership.
 - The family is already a member is good standing at another Jewish Synagogue.
- ✓ **ASSOCIATE MEMBERSHIP Without any dues obligation:**
Families who meet the following criteria will be offered associate memberships **without any dues obligation:**
- Individual full-time students who are enrolled in local schools or who meet all other criteria for TBE membership who can provide proof of enrollment
 - Active military families who meet all other criteria for TBE membership and have one spouse deployed. The associate membership remains in effect until the end of the TBE fiscal year during which the spouse is activated
- ✓ **I would like to be considered an honorary member family.** A family whose services to the Congregation or Judaism have been recognized by the majority of the Board of Trustees. Honorary membership entails *no dues or voting privileges* at Congregational or Committee meetings. Honorary membership will be continued automatically unless it is ended by the honored family or the Board of Trustees.

I can offer an adjusted pledge of _____ .

Signature Date

For Board Use Only		
Approved _____		
Reviewed by: _____	Treasurer	Date _____
_____	Board Chair	Date _____