



# TEMPLE BETH EL OF SOUTH ORANGE COUNTY

The Samueli Center for Progressive Judaism  
2A LIBERTY • ALISO VIEJO, CA 92656 • 949.362.3999 • WWW.TBESOC.ORG

Member No. \_\_\_\_\_

## MEMBERSHIP FAMILY RECORD

Thank you for selecting Temple Beth El. We are affiliated with both the URJ, *The Union for Reform Judaism and the USCJ, The United Synagogue of Conservative Judaism.*

We ask you to complete all information on this Membership Family Record form. In addition to helping us serve you more efficiently, this information helps us to establish an accurate profile of our membership, to better plan our future, and to further your full involvement in the congregation. We will keep the data you share with us confidential.

Instructions (please print or type):

1. If application is for a Family, please complete Member A information for husband and Member B information for wife.
2. If application is for an individual, or a single parent (head of household), please complete Member A information only.
3. If application is for a membership of two adults, other than husband and wife, please complete Member A information for one person and Member B information for the other person.

<b>Member A</b>					
MR	MRS	MS	MISS	DR	OTHER_____
Last Name _____					
First Name _____					
Preferred/Nickname _____					
Hebrew Name (in English) _____					
Birthday Month _____		Day _____	Year _____		
Cell Phone _____					
E-Mail _____					
Occupation (if retired, state last occupation, position, or title before retirement) _____					
Full time		Part Time	Retired		
Firm Name _____					
Address _____					
City _____		State _____	Zip _____		
Phone _____					

<b>Member B</b>					
MR	MRS	MS	MISS	DR	OTHER_____
Last Name _____					
First Name _____					
Preferred/Nickname _____					
Hebrew Name (in English) _____					
Birthday Month _____		Day _____	Year _____		
Cell Phone _____					
E-Mail _____					
Occupation (if retired, state last occupation, position, or title before retirement) _____					
Full time		Part Time	Retired		
Firm Name _____					
Address _____					
City _____		State _____	Zip _____		
Phone _____					

For husband and wife membership, mail will be addressed to Mr. & Mrs. John G. Member unless requested otherwise. Please address our mail as follows: \_\_\_\_\_

**Residence Address** (Number or PO Box). *All mail will be sent to the residence address unless requested otherwise.*

# \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

**Billing Address** (if different than residence)

# \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

**In case of emergency, the Temple is to notify:** \_\_\_\_\_

# \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

**Children** Please complete as it applies to each of your children residing with you.

	Child 1		Child 2		Child 3		Child 4	
Last Name								
First Name								
Nickname								
Hebrew Name in English								
Birth Date								
Age								
Gender	Female	Male	Female	Male	Female	Male	Female	Male
Grade in School								
Name of Secular School								
E.C.C. at Temple Beth El	Now attending Has attended Will not attend Send information		Now attending Has attended Will not attend Send information		Now attending Has attended Will not attend Send information		Now attending Has attended Will not attend Send information	
Religious School/ Hebrew School	Now attending Has attended Will not attend Send information		Now attending Has attended Will not attend Send information		Now attending Has attended Will not attend Send information		Now attending Has attended Will not attend Send information	
Bar/Bat Mitzvah	Yes	No	Yes	No	Yes	No	Yes	No
	Expect to in year _____		Expect to in year _____		Expect to in year _____		Expect to in year _____	
Confirmation	Yes	No	Yes	No	Yes	No	Yes	No
	Expect to in year _____		Expect to in year _____		Expect to in year _____		Expect to in year _____	
Youth Group	Put on mailing list		Put on mailing list		Put on mailing list		Put on mailing list	
Post High School living at home	Yes	No	Yes	No	Yes	No	Yes	No
College Student	Yes	No	Yes	No	Yes	No	Yes	No

**Adult Children NOT Residing with You** 18 years and older

Title	Mr	Mrs	Ms	Miss	Dr	Mr	Mrs	Ms	Miss	Dr	Mr	Mrs	Ms	Miss	Dr
Last Name															
First Name															
Birth Date															
Last Name of Spouse (if married)															
Title of Spouse	Mr	Mrs	Ms	Miss	Dr	Mr	Mrs	Ms	Miss	Dr	Mr	Mrs	Ms	Miss	Dr
Street Address															
City/Zip															
# of Children and Ages															

**HOUSEHOLD INFORMATION** *Temple Beth El makes a special effort to address the diversity of congregants' needs in developing programs. Please complete the information below to assist us in learning more about your family.*

**This household consists of** (please select the appropriate response):

- |                                 |  |                              |
|---------------------------------|--|------------------------------|
| Husband and wife                | Two adults other than husband and wife | Single adult                 |
| Children Live at home           |  | Children Live at home        |
| Children do NOT live at home    |  | Children do NOT live at home |
| Wedding anniversary date: _____ |  |                              |

Everyone in our household is Jewish:    Yes    No

We are an interfaith family:                Yes    No

Does any member of your household have physical limitations which the Temple's facilities might better accommodate?

Vision    Hearing    Mobility    Other \_\_\_\_\_

**Please use the space below to indicate any other information you would like us to know.**

**ACTIVITIES IN WHICH YOU ARE INTERESTED AND WOULD LIKE TO PARTICIPATE.**

	Member A	Member B		Member A	Member B
Adult B'nay Mitzvah			Office Volunteer		
Israel Matters			Early Childhood Volunteer		
Adult Education Programs			Religious School Volunteer		
Building & Grounds			Retreats		
Small Groups			Rituals Committee		
Gift Shop Volunteer			Social Action Initiatives		
Choir:			Ways and Means Committee		
Adult    Children's			Youth Activities Committee		
Interfaith Initiatives			Ushering:    Sabbath Services		
Library Committee			High Holy Days		
Men's Club					
Sisterhood					

Other

**Have you ever been in a position of leadership? If yes, please explain:**

**SPECIAL SKILLS AND TALENTS** *Please describe any program or business services you can give or share with the Congregation.*

Member A

Member B





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For office use only

Date Rec'd \_\_\_\_\_

MM2000 \_\_\_\_\_

BP \_\_\_\_\_

**MEMBERSHIP PLEDGE FORM**

Our synagogue is alive every day of the week with activities that touch the hearts and minds of members of all ages. Our broad range of activities, programs, and services create many avenues for each of us to become engaged in our synagogue life and to develop strong relationships with others in our Temple Beth El community. In all the ways you choose to take part in our community – participating in prayer and study, volunteering in social action programs, attending High Holy Day services, celebrating *simchas* – your generous financial support is a key ingredient in our recipe for success.

Annual contributions are a gift that we each make to help keep the doors open and programming running. Each year, we will ask you to determine your annual, tax-deductible contribution to our Temple community, based on your ability to assume a fair-share of our operating budget. For our most recent fiscal year, the cost to operate our synagogue averaged \$4,500 per member family. (This includes contributions toward security.) We hope you take this into consideration when determining how much you can contribute to maintaining our community.

In support of our spiritual home and in recognition of the Brit/Covenant we undertake as members, I/We hereby pledge to Temple Beth El my/our Annual Contribution.

**Religious School and Early Childhood Center Tuition and Fees are billed separately.**

**ANNUAL CONTRIBUTION LEVEL (Please indicate amount)** \$ \_\_\_\_\_

Members contributing at or above the Sustainer Level (\$4,500/year) will be recognized with the congregation.  
 If you prefer to remain anonymous, please initial here: \_\_\_\_\_

**PEOPLE HELPING PEOPLE.**  
 Help ensure no one is denied membership due to their financial circumstances \$ \_\_\_\_\_

**MIRSKY TEMPLE BETH EL RELIGIOUS SCHOOL SCHOLARSHIP FUND.**  
 Help ensure no child is denied a Jewish Education at Temple Beth El. \$ \_\_\_\_\_

**BE SISTERS ANNUAL MEMBERSHIP** (Due in full with 1<sup>st</sup> contribution) [ ] \$36.00

**MEN'S CLUB ANNUAL MEMBERSHIP** (Due in full with 1<sup>st</sup> contribution) [ ] \$36.00

**CREATE A JEWISH LEGACY**

Temple Beth El is a community for us now, AND for generations to come. Continue the legacy of a Jewish community here in South Orange County by remembering Temple Beth El in your Will or other Estate Plans. Leaving a gift after your lifetime supports a cause that has been important in each of our lives. We are happy to provide information about dozens of ways to leave a Jewish legacy, at every economic level.

[ ] \_\_\_\_\_ Contact me \_\_\_\_\_

## HOW WILL YOU MAKE YOUR CONTRIBUTIONS?

By check

**OR**

Please charge the below referenced credit card (*Visa, MasterCard or Discover only; no Amex*)  
**With Credit card charges, you will not receive a monthly statement by mail.**

Card Number \_\_\_\_\_ exp. date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_ CVV # \_\_\_\_\_

Credit card transactions are convenient! They also cost about 3% more than cash/check. Would you like to contribute an additional \$50 (one time) to help offset the costs of credit card processing fees?

- Yes! Charge it to the card above  
 Not at this time

## WHEN WILL YOU MAKE YOUR CONTRIBUTIONS?

Please check one:

- Monthly** (1<sup>st</sup> of each month)  
 **Quarterly** (July, October, January, April)  
 **Semi-annually** (July & December)  
 **Annually** (July OR December)

## WE COUNT ON YOU!

Your signature below means:

- you promise to meet the pledged commitment to our Temple community in a prompt and timely manner.
- you understand that Program tuition and fees (such as Religious School, B'nai Mitzvah, Early Childhood Center, Dinners, Special Events) are billed separately.

Please print name(s) \_\_\_\_\_

Signature(s) \_\_\_\_\_