



קהילת בית דוד

Congregation Beth David

Congregation Beth David Membership Application

Complete and Return to:

MEMBERSHIP
CONGREGATION BETH DAVID
19700 PROSPECT ROAD
SARATOGA, CA 95070



Congregation Beth David
19700 Prospect Road
Saratoga, CA 95070-1464

Ph. (408) 257-3333
Fax (408) 257-3338
<http://www.beth-david.org>
e-mail: lorien@beth-david.org

Membership Application

Congregation Beth David, as a Conservative synagogue, values TORAH, COMMITMENT, and SENSE OF COMMUNITY. Our mission is to enrich peoples' lives in harmony with these Jewish values.

TORAH

- Foster spiritual growth through Torah, study, deeds of loving kindness, worship and tzedakah.
- Treat ourselves and others with fairness, sensitivity, and integrity.
- Promote the ideals of Conservative Judaism
- Make sure that the Torah of yesterday and the Torah of today is the Torah of the future through education.

COMMITMENT

- To motivate members to make and fulfill obligations to God, Torah, Jewish people, and the world.
- To inspire members to join enthusiastically in the life of the community.
- To recognize congregants for their efforts on behalf of the congregation.

SENSE OF COMMUNITY

- To foster open communication throughout the community. To inform, to listen, to respond.
- To create an environment in which everyone feels valued as a member of the Congregation Beth David family.
- As a community, to support our members in their time of need and celebrate with them in times of joy.

Mission Statement adopted August 5, 1997.

Congregation Beth David is affiliated with the United Synagogue of Conservative Judaism. By joining Beth David, you are entitled to all privileges and benefits of the United Synagogue of Conservative Judaism.



Family Information

(Please print or type)

_____ and _____
First Name First Name Last Name
(Female head of household) (Male head of household)

_____ _____ _____ _____
Address City State Zip

(____) _____
Phone Number

Single

Married

Interfaith Household

Wedding Anniversary? _____

Publish Anniversary in Newsletter: Yes No

Number of children living at home? _____

Number of children NOT living at home? _____

Number of Adult Dependents living at home? _____

Beth David maintains an email distribution list for monthly mailings, announcements, lifecycle notices and general information. Please give us any (all) email addresses you would like added to the list:

(you may always add or remove addresses by sending email to biran@beth-david.org)

We can use email instead of regular mail for certain non-critical mailings. Your invoices and your newsletter will always be sent by regular mail regardless. Please select one of the following options:

- Please send all non-critical mail by email only.
- Please send all mail by regular U.S. mail.

Signatures

Applicant

Date

Co-Applicant

Date

Male Applicant:

First Name Last Name

_____ ben _____ v' _____

Hebrew Name Father's Hebrew Name Mother's Hebrew Name

Date of Birth: _____

Employer _____ Occupation _____

Work Number (____) _____ - _____ Fax Number (____) _____ - _____

Email Address _____

Are you Jewish*? Yes No

**(A Jew is someone who was born of a Jewish mother or has converted to Judaism.)*

If Converted, date? _____ Place: _____

By Whom _____

Are you a: Kohane Levi Israelite (Please circle one)

Previous congregation: _____, _____, _____

Name of Congregation City State

Was it Orthodox, Conservative, Reform? _____

Bar Mitzvah date? _____ Youth groups? _____ Which one(s)? _____

Years of Religious School? _____

Have you ever been a member of Congregation Beth David? _____ When? _____

How did you hear about Congregation Beth David? (Ex: Another Member, Publication, Drove By, Web, etc.) _____

	Adult Education		Personnel Committee		Sunday/Daily Minyan
	Men's Club		Education Committee		Social Action
	Active Senior Singles		Library Committee		Torah Reading
	Youth Commission		Programming Committee		Havurah
	Ritual Committee		Bikkur Cholim		Choir
	Chevra Kaddisha		Other		Young Adult Group

Any special skills or talents: (i.e. fluent in Hebrew, Torah reader, trained Gabbai, etc.)

Have you had synagogue board or committee experience? _____ If so, in what capacity?

Female Applicant:

First Name Last Name

_____ bat _____ v' _____

Hebrew Name Father's Hebrew Name Mother's Hebrew Name

Date of Birth: _____

Employer _____ Occupation _____

Work Number (____) _____ - _____ Fax Number (____) _____ - _____

Email Address _____

Are you Jewish*? Yes No

**(A Jew is someone who was born of a Jewish mother or has converted to Judaism.)*

If Converted, date? _____ Place: _____

By Whom _____

Are you a: Kohane Levi Israelite (Please circle one)

Previous congregation: _____, _____, _____

Name of Congregation City State

Was it Orthodox, Conservative, Reform? _____

Bat Mitzvah date? _____ Youth groups? _____ Which one(s)? _____

Years of Religious School? _____

Have you ever been a member of Congregation Beth David? _____ When? _____

I am interested in being a part of:

<input type="checkbox"/>	Adult Education	<input type="checkbox"/>	Personnel Committee	<input type="checkbox"/>	Sunday/Daily Minyan
<input type="checkbox"/>	Men's Club	<input type="checkbox"/>	Education Committee	<input type="checkbox"/>	Social Action
<input type="checkbox"/>	Active Senior Singles	<input type="checkbox"/>	Library Committee	<input type="checkbox"/>	Torah Reading
<input type="checkbox"/>	Youth Commission	<input type="checkbox"/>	Programming Committee	<input type="checkbox"/>	Havurah
<input type="checkbox"/>	Ritual Committee	<input type="checkbox"/>	Bikkur Cholim	<input type="checkbox"/>	Choir
<input type="checkbox"/>	Chevra Kaddisha	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	Young Adult Group

Any special skills or talents: (i.e. fluent in Hebrew, Torah reader, trained Gabbai, etc.)

Have you had synagogue board or committee experience? _____ If so, in what capacity?

Children/Adult Dependents

First Name

Last Name

Hebrew Name (English transliteration, please)

Are you a: Cohen Levi Israelite (please circle one)

Date of Birth: _____ Age _____ Male or Female: M F

School Grade: _____ Years of Religious School: _____

Bar/Bat Mitzvah Date: _____

We intend to have Bar/Bat Mitzvah at Beth David? Yes No

First Name

Last Name

Hebrew Name (English transliteration, please)

Are you a: Cohen Levi Israelite (please circle one)

Date of Birth: _____ Age _____ Male or Female: M F

School Grade: _____ Years of Religious School: _____

Bar/Bat Mitzvah Date: _____

We intend to have Bar/Bat Mitzvah at Beth David? Yes No

First Name

Last Name

Hebrew Name (English transliteration, please)

Are you a: Cohen Levi Israelite (please circle one)

Date of Birth: _____ Age _____ Male or Female: M F

School Grade: _____ Years of Religious School: _____

Bar/Bat Mitzvah Date: _____

We intend to have Bar/Bat Mitzvah at Beth David? Yes No

Children/Adult Dependents

First Name

Last Name

Hebrew Name (English transliteration, please)

Are you a: Cohen Levi Israelite (please circle one)

Date of Birth: _____ Age _____ Male or Female: M F

School Grade: _____ Years of Religious School: _____

Bar/Bat Mitzvah Date: _____

We intend to have Bar/Bat Mitzvah at Beth David? Yes No

First Name

Last Name

Hebrew Name (English transliteration, please)

Are you a: Cohen Levi Israelite (please circle one)

Date of Birth: _____ Age _____ Male or Female: M F

School Grade: _____ Years of Religious School: _____

Bar/Bat Mitzvah Date: _____

We intend to have Bar/Bat Mitzvah at Beth David? Yes No

First Name

Last Name

Hebrew Name (English transliteration, please)

Are you a: Cohen Levi Israelite (please circle one)

Date of Birth: _____ Age _____ Male or Female: M F

School Grade: _____ Years of Religious School: _____

Bar/Bat Mitzvah Date: _____

We intend to have Bar/Bat Mitzvah at Beth David? Yes No

Yahrzeits

(Please attach additional pages, if needed)

* *For English Dates, please note if the time is before or after sundown*

English Name of Deceased	English Date of Death / /	Hebrew Date of Death / /
Hebrew Name of Deceased	Member related to	Relationship

Please send me a reminder

Please announce from the bima

English Name of Deceased	English Date of Death / /	Hebrew Date of Death / /
Hebrew Name of Deceased	Member related to	Relationship

Please send me a reminder

Please announce from the bima

English Name of Deceased	English Date of Death / /	Hebrew Date of Death / /
Hebrew Name of Deceased	Member related to	Relationship

Please send me a reminder

Please announce from the bima

English Name of Deceased	English Date of Death / /	Hebrew Date of Death / /
Hebrew Name of Deceased	Member related to	Relationship

Please send me a reminder

Please announce from the bima

English Name of Deceased	English Date of Death / /	Hebrew Date of Death / /
Hebrew Name of Deceased	Member related to	Relationship

Please send me a reminder

Please announce from the bima

Standard Dues Schedule

(effective July 1, 2009)

(Please check the box that best describes your situation)

<u>Membership Category</u>	<u>Dues per month</u>
<input type="checkbox"/> Married, over or equal to age 33 (elder spouse)	\$235
<input type="checkbox"/> Married, under age 33 (elder spouse)	\$111
<input type="checkbox"/> Unmarried, over or equal to age 33	\$118
<input type="checkbox"/> Unmarried, under age 33	\$56
<input type="checkbox"/> Full time student, under 30 (billed & paid annually)	\$3

All membership categories (except full-time student) are also required to participate in Congregation Beth David's special "Building Fund" which requires \$10/month per membership account for 10 years.

All membership categories (except full-time student) are also required to participate in Congregation Beth David's special 2009/2010 "Temporary Assessment" which requires \$10/month per membership each month until either it is cancelled or June 30, 2010 – whichever comes first.

As a new member, **you are asked to pay three months dues with your application**, after which time you will be billed monthly on the first of each month.

Enclosed is a check for \$ _____, the amount of three months full dues (from the above schedule).

Inability to pay: If you are unable to pay our full dues, our Financial Secretary is happy to work with you to find the dues which meet your budget and are appropriate for the congregation. If you wish to ask for this special arrangement, contact the office for a "Request for Temporary Dues Reduction" to be mailed or emailed to you.

IMPORTANT: If you request a reduction, the "Request for Temporary Dues Reduction" form ***must*** accompany this application.

Standard Dues Schedule

(effective July 1, 2009)

For Office Use Only

Processing Applications:

Receiving:

Received by: _____

Date Received: _____

Submitted with Check #: _____

Data Entry:

Account Created By: Date _____ Initials _____

FAMILYID: _____

“Pending” In ChaverWare: _____ “Edit Link” Application Received: dd-mm-yy

Pre-Payment of Dues Posted: Date _____ Initials _____

* * Notify Financial Secretary (*if needed*) and copy Bookkeeper * *

Membership Associate:

Paper file folder created: Date: _____ Initials _____

Distributed to:

- Membership Vice President (email pdf of Application)
- Director of Administration (email notification of application)
- Religious School Admin (*if applicable*)
- Rabbi Pressman (email notification of application)
- Rabbi Schonbrun (email notification of application)

After Board Approval:

Date Membership was approved at Board meeting: _____

“Pending” removed: _____

“Regular Member” marked: _____

Email Application to Bookkeeping for Billing: _____

Bookkeeping (billing entered): Date: _____ Initials _____

Machzor: _____