



Temple Beth Shalom of the East Valley

Membership Data Form

Family Name: _____

Date Submitted: _____

Home Address Information:

Street: _____ City: _____ State: _____ Zip: _____

MEMBER 1

MEMBER 2

Name: _____

Name: _____

Individual and Contact Information

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Office Phone: _____

Office Phone: _____

E-Mail: _____

E-Mail: _____

Occupation: _____

Occupation: _____

Birth Date: _____

Birth Date: _____

Veteran ___ Yes ___ No Branch: _____

Veteran ___ Yes ___ No Branch: _____

Hebrew Name (Transliterated)

Note: Kohen, Levi or Yisrael is based on the member's father.

Yours: _____ N/A

Yours: _____ N/A

Kohen Levi Yisrael

Kohen Levi Yisrael

Parents 1's: _____ N/A

Parent 1's: _____ N/A

Kohen Levi Yisrael

Kohen Levi Yisrael

Parent 2's: _____ N/A

Parent 2's: _____ N/A

Kohen Levi Yisrael

Kohen Levi Yisrael

Judaica Skills

Read Hebrew: _____

Read Hebrew: _____

Chant Torah: _____

Chant Torah: _____

Chant Haftarah: _____

Chant Haftarah: _____

Lead Services: _____

Lead Services: _____

Teaching Experience: _____

Teaching Experience: _____

Wedding Anniversary: (Month, Day Year): _____

Emergency Contact (someone not living with you):

Name: _____

Phone: _____

Relationship: _____



Temple Beth Shalom of the East Valley Children Living at Home (or in College)

Child # 1

Male Female Other _____

First Name: _____ Middle Name: _____ Last Name: _____

Bar/Bat Mitzvah Date: _____ Birth Date: _____ E-Mail: _____

Hebrew Name: _____

Child # 2

Male Female Other _____

First Name: _____ Middle Name: _____ Last Name: _____

Bar/Bat Mitzvah Date: _____ Birth Date: _____ E-Mail: _____

Hebrew Name: _____

Child # 3

Male Female Other _____

First Name: _____ Middle Name: _____ Last Name: _____

Bar/Bat Mitzvah Date: _____ Birth Date: _____ E-Mail: _____

Hebrew Name: _____

Child # 4

Male Female Other _____

First Name: _____ Middle Name: _____ Last Name: _____

Bar/Bat Mitzvah Date: _____ Birth Date: _____ E-Mail: _____

Hebrew Name: _____

Optional:

Any additional information you would like to share to help us know you better

Previous Synagogue Affiliation: _____ Location: _____



Temple Beth Shalom of the East Valley

Yahrzeit Information

Please list Yahrzeit information for those of a Child, Parent of Member, Sibling or Spouse.

All Yahrzeits will be observed on the Jewish anniversary date only. We will provide the Jewish calendar date if you do not know it. Use additional sheets as necessary. Please make sure that your information is complete and accurate so that the proper reminder may be provided to you.

Name of Deceased: _____	Hebrew Name: _____
Relationship: _____	Date of Death: _____
Yahrzeit observed by: _____	<input type="checkbox"/> Before Sundown After Sundown <input type="checkbox"/>
Name of Deceased: _____	Hebrew Name: _____
Relationship: _____	Date of Death: _____
Yahrzeit observed by: _____	<input type="checkbox"/> Before Sundown After Sundown <input type="checkbox"/>
Name of Deceased: _____	Hebrew Name: _____
Relationship: _____	Date of Death: _____
Yahrzeit observed by: _____	<input type="checkbox"/> Before Sundown After Sundown <input type="checkbox"/>
Name of Deceased: _____	Hebrew Name: _____
Relationship: _____	Date of Death: _____
Yahrzeit observed by: _____	<input type="checkbox"/> Before Sundown After Sundown <input type="checkbox"/>
Name of Deceased: _____	Hebrew Name: _____
Relationship: _____	Date of Death: _____
Yahrzeit observed by: _____	<input type="checkbox"/> Before Sundown After Sundown <input type="checkbox"/>
Name of Deceased: _____	Hebrew Name: _____
Relationship: _____	Date of Death: _____
Yahrzeit observed by: _____	<input type="checkbox"/> Before Sundown After Sundown <input type="checkbox"/>



Temple Beth Shalom of the East Valley

Release of Member Roster Information

In our efforts to protect the privacy of our members, this Release Form is for your completion and return to Temple Beth Shalom of the East Valley with your membership application. Please review the information below and complete the form in full. The primary use of this is to update our Administrative Office records for ease of contact with our members. Please be sure to print the information clearly. This will ensure that our records are accurate. In addition, please initial each item(s) Release or Do Not Release in the respective column, giving authorization to release or not release each piece of information separately.

I further understand that all of this information is supplied to our Executive Board Members in order to carry out their Congregational responsibilities. As necessary they will distribute this information to the Board of Directors and or Committee members only as needed to perform their responsibilities as well.

My initials on each item below gives permission to Temple Beth Shalom of the East Valley to release my name, home phone, home E-mail, work phone, work E-Mail, Yahrzeit, birthday or anniversary dates (as applicable) as a part of any Temple Beth Shalom of the East Valley Membership Rosters, or other communications as distributed to members of Temple Beth Shalom-EV. The approved information may also be provided to our Jewish organizations on the approval of the Executive Board.

	<u>RELEASE</u>	<u>DO NOT RELEASE</u>
Member 1 Name: _____	_____	_____
Home Phone: _____	_____	_____
Home E-Mail: _____	_____	_____
Work Phone: _____	_____	_____
Work E-Mail: _____	_____	_____
Yahrzeit Date: _____	_____	_____
 Member 2 Name: _____	_____	_____
Home Phone: _____	_____	_____
Home E-Mail: _____	_____	_____
Work Phone: _____	_____	_____
Work E-Mail: _____	_____	_____
Yahrzeit Date: _____	_____	_____
 Member 3 Name: _____	_____	_____
Home Phone: _____	_____	_____
Home E-Mail: _____	_____	_____
Work Phone: _____	_____	_____
Work E-Mail: _____	_____	_____
Yahrzeit Date: _____	_____	_____

Preferred time to be contacted and where: _____

**IF YOU DO NOT RESPOND,
ALL INFORMATION WILL BE INCLUDED IN ANY MEMBERSHIP ROSTER**



Temple Beth Shalom of the East Valley

Annual Membership

Note: All membership categories include all unmarried children under the age of 21.

Membership categories are distinguished between **Family Membership**, two adults residing at the same address and **Individual Membership**, one adult. In addition, dues are presented in both annual and monthly amounts for your information.

Temple Beth Shalom of the East Valley is an inclusive, caring synagogue that welcomes people and families of all diversities and income levels.

If a person or family cannot afford to meet the annual dues requirement, a private, quick and simple reduced dues process exists to determine a payment level that is sustainable. If this process is required, please reach out to either Michele Millman at michele.millman@tbsev.org or the treasurer at treasurer@tbsev.org.

We offer a 5% discount on the membership dues amount if your account is prepaid in full, or if postdated checks are provided.

Membership Type		Annual Dues	Monthly Dues
Family	Two adults residing at the same residence	\$ 2,195.40	\$ 182.95
Senior Family	Two adults residing at the same residence with one adult age 62 or older	\$ 1,566.00	\$ 130.50
Young Family	Two adults residing at the same residence with one adult under the age of 30*	\$ 1,095.60	\$ 91.30
Individual	One adult age 30 or older and under age 62*	\$ 1,179.00	\$ 98.25
Individual Senior	One adult age 62 or older	\$ 858.00	\$ 71.50
Individual Young Adult	One adult under the age of 30	\$ 630.00	\$ 52.50
Winter Visitor	Associate membership for those residing out of the state, does not include High Holiday tickets	\$ 522.00	\$ 43.50
Active Duty Military	Current active duty military service	\$ 18.00	n/a
Full Time Student	Applies to full time students age 30 and younger	\$ 18.00	n/a

TBS-EV Financial Agreement and Payment Options

I/We understand that this membership agreement is a binding contract with Temple Beth Sholom of the East Valley and I/We are liable for the payment of all outstanding Membership Dues, Building Pledges and other fees as stated on page one of this document.

Applicable Membership Category: _____

Membership Year: _____

Payment Options:

Frequency (check one)	<input type="checkbox"/> Annual	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Other ¹
Payment Method (check one)	<input type="checkbox"/> Bill Pay	<input type="checkbox"/> Debit ²	<input type="checkbox"/> PayPal ³	<input type="checkbox"/> Check ⁴

¹TBS-EV welcomes all members, regardless of their circumstances. If you feel that your circumstances require special financial consideration, a packet of useful information will be confidentially mailed to you. Please contact our treasurer at treasurer@tbsev.org.

²Debit arrangement requires completion and signature of ACH DEBIT AUTHORIZATION FORM

³PayPal arrangement requires signing up for an automated billing arrangement on the TBSEV website: <http://tbsev.org> → Donate/Pay Online

⁴Payment by monthly or quarterly checks requires predated checks be provided to office for safe keeping to meet "Member in Good Standing" requirements.

Primary Contact Information (please mark primary method of notification):

Last Name:	First Name:	MI:
Address:		
City:	State:	Zip:
__ Home Phone:	__ Cell Phone:	__ Email:

Additional Contact Information:

Last Name:	First Name:	MI:
Address:		
City:	State:	Zip:
__ Home Phone:	__ Cell Phone:	__ Email:

Payment Allocation (The entire payment allocation with exception of the Kol Nidre Pledge will be billed at the start of the fiscal year, regardless of the payment option selected. Then, monthly statements including payments and outstanding balance will be emailed to better clarify financial commitments):

Obligation	Annual Payment (due at beginning of fiscal year)	Monthly Payment
Dues:		
Sub-total:		
<i>Voluntary</i> processing fee donation		
Other Donation Amount:		
Total:		

Member Signed _____ Date _____ Treasurer Signed (if required) _____ Date _____

Late Fees: Any Dues, Fees, or Tuition payments more than 90 days past due may have a 3% late fee added.

TBS-EV OPTIONAL DIRECT DEBIT (ACH) AUTHORIZATION

Please contact our Treasurer at treasurer@tbsev.org if there are any problems processing this charge. Thank you.

I, _____ authorize Temple Beth Sholom of the East Valley (TBSEV) to initiate debit entries to my checking or savings account as indicated below. I authorize my financial institution to process such entries and debit my account.

Bank Name _____

Routing Number _____ Account Number _____

Debit Start Date _____

Frequency (check one)	<input type="checkbox"/> Annual	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Other
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Authorized Signature _____ Date _____

My signature on this form represents my agreement to the following terms and conditions:

1. TBS-EV membership is on a sustaining model. I agree that TBSEV may continue to debit my account above until the Treasurer is notified of discontinuation of my membership.
2. TBS-EV shall notify me of any changes to my dues at the beginning of each fiscal year. I agree that TBS-EV may alter my billing amount upon changes to dues and fees ratified by the Board of Directors.
3. Debits will occur monthly/quarterly/annually/other per the cycle selected on my financial agreement form.
4. Debits will occur on the calendar day specified each month/quarter/year/other per the cycle selected on my financial agreement form. For example, if my initial debit date is 7/5/21 and I am paying monthly, my debit will occur on the 5th of each month.
5. If the debit date falls on a weekend or bank holiday, the bank will process on the next business day.
6. I may terminate the ACH agreement by notifying the Treasurer of my updated payment arrangement. I understand that I must make an alternate payment arrangement with the Treasurer.
7. If I do not terminate my debit arrangement with the Treasurer at least seven (14) days prior to my debit date one additional debit may occur.

D I S C L O S U R E S

Member in Good Standing

- a) Turned in any required paperwork for membership and made payment arrangement for the current year and current on financial obligations or
- b) Turned in special arrangements paperwork (if necessary) with terms accepted by the treasurer and current on financial obligations.

Current on financial Obligations

- a) No prior year still outstanding Dues, Religious School Tuition or B'nai Mitzvah fees, or an approved documented payment plan on outstanding dues and fees by the Treasurer with all payment plans to date made.
- b) Current Fiscal Year made at least 1/12 (first month) payment for committed dues, and no pledge obligations (e.g., Hazak, Kol Nidre) for current or prior years more than 60 days past due.

Late Fees: Any Dues, Fees, or Tuition payments more than 90 days past due may have a 3% late fee added.
