Temple Beth Torah

A Reform Jewish Congregation Member, Union of Reform Judaism www.bethtorah.net



P.O. Box 2020, Centreville, VA 20122

4212-C Technology Court, Chantilly, VA 20151

Temple Beth Torah Membership Application

For Membership Year June 2025 - May 2026

We are thrilled that you have decided to join the Temple Beth Torah family! Please complete the application in its entirety and return it to the synagogue with your initial membership dues payment. For more information on membership, please contact the Membership Chair by email at membership@bethtorah.net.

If you wish to enroll your child(ren) in the Temple Beth Torah Religious School, please complete the Religious School Registration portion of this form, one form per child. Temple Beth Torah membership is a prerequisite for religious school enrollment. Tuition is separate for children enrolling in the Religious School. Please contact the Religious School Chair at school@bethtorah.net for more information on the religious school.

Please tell us about yourself and include all children under the age of 25, if applicable.

PERSONAL INFORMATION

Name	Name	
Address	Address	
City/State/Zip	City/State/Zip	
Home Phone	Home Phone	
Work Phone	Work Phone	
Cell Phone	Cell Phone	
Email Address	Email Address	
Occupation	Occupation	
Employer	Employer	
Child(ren)	Date of Birth	
	Date of Birth	
	Date of Birth	
Are you an interfaith family? Yes / N	o Do you read Hebrew? Yes / No	
Did a current member refer you to TBT? (name)		

MEMBERSHIP DUES AND COVENANT OF THE TEMPLE PILLARS

Pillar Membership Level	Financial Commitment	Benefits
CORNERSTONE OF TBT	Select below*	 High Holiday Tickets Invitation to Participate in all TBT Services and Events Voting Privileges Brotherhood & Sisterhood Membership
Dual Adult hous	sehold	\$2,800
Single Adult ho	usehold	\$2,000
Retired Couple		\$1,500
Retired Single		\$ 800
For membership purposes, it is the child's age as of September 30. Membership Dues do not include Religious School Tuition which follow. We invite you to take your membership to a higher level by electing to be a Defender of the Torah, Keeper of the Flame or Guardian of the Temple. Each of these pillars include the annual synagogue membership dues, school tuition is separate.		
GUARDIAN OF THE TEMPLE	\$12,000	All of the benefits below plus: • 4 High Holiday guest tickets
KEEPERS OF THE FLAME	\$8,000	All of the benefits below plus: • 2 High Holiday guest tickets • Complimentary access to all events
DEFENDERS OF THE TRAH	\$4,000	The benefits include: Inscription on the annual Scroll of Giving Access for two to any one event

RELIGIOUS SCHOOL TUITION - Per child/per year

Torah Tots Member \$ 360	Torah Tots – Non-Member \$ 480
☐ Kindergarten – 3 rd Grade	\$ 900
☐ Grades 4 th −7 th *	\$ 1,275
Grades 8 th – 12 th	\$ 700
☐ B'nai Mitzvah Fee – Paid in 6 th Grade	\$ 1,500

SYNAGOGUE ACTIVITIES

Temple Beth Torah is your temple. If you get more involved, there will be a double reward: our congregation will be more successful, and your membership will be more meaningful. Temple Beth Torah depends on the membership to fill positions on committees that run the congregation. Each member is strongly encouraged to participate in areas that interest them. We truly want and need the participation of all members. Please consider supporting at least one of the following areas so that we can continue to provide the services and programs that we all expect.

Please indicate all the areas in which you are you are interested. Don't hesitate to list other interests in the space at the end of the membership application. Volunteer service is a core Jewish value. Get involved in your temple! You'll be glad you did!

one devian value. See inverved in your temple. You in so glad you did.			
Education: Religious School Board Teaching Assistant Teaching Adult Education Special Programs	Youth Group: Seniors (grade 9-12) Juniors (grade 7-8) Religious Life: Ritual Committee	Social Activities: Brotherhood Sisterhood Holidays & Events Adult Activities Life-Cycle Events	
Administration:		□ B'nai Mitzvah Committee □ Social Action □ Community Involvement	

YAHRZEIT INFORMATION

Please provide either the Hebrew or English date of death so that your loved ones can be remembered at the appropriate Shabbat service and during the High Holidays Yizkor service.			
Name	Relation/Related to	Date of Death	After Sundown?
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PAYMENT INFORMATION

Dues statements are sent prior to the end of June. Dues may be paid in-full or paid in two installments due August 31 and December 31. If you need an alternate payment schedule please contact the Treasurer, Emily Ruben Bishop at Treasurer@bethtorah.net to discuss. Dues must be current to enroll children in Religious School or receive other benefits of membership, including High Holiday tickets. Payments can be made by check or electronically through the website (fee will apply). Please scan and send completed form to the Treasurer or mail to Temple Beth Torah, P.O. Box 2020, Centreville, VA 20122.

COMMENTS:		
The undersigned agrees to pay stipulated and that the above ir	all dues and fees to Temple Beth Torah as nformation is correct.	
SIGNATURE:	DATE:	

Temple Beth Torah Religious School Registration For School Year September 2025 – May 2026

STUDENT INFORMATION (One registration form per child)

Last Name	First Name	
Hebrew Name	Nickname	
Date of Birth	Age	Grade
Gender	School	

PARENT INFORMATION

Parent/Guardian	Parent/Guardian	
Address	Address	
City/State/Zip	City/State/Zip	
Cell Phone	Cell Phone	
Home Phone	Home Phone	
Work Phone	Work Phone	
Email	Email	
Besides parent/guardian, authorized to drop-off/pick-up		
If divorced, custodial parent or guardian		
Anyone who cannot exercise custody		

RELIGIOUS SCHOOL BACKGROUND

Previous Religious School		
1st Year in Religious School	Has your child been consecrated? Yes/No	
Years in Jewish Studies	Years in Hebrew Studies	
Special Learning Situations		
Please let us know if there is any information the Religious School should have to meet your child's needs.		

EMERGENCY INFORMATION

Please provide two emergency contacts in case we cannot reach a parent/guardian	
Emergency Contact 1 Emergency Contact 2	
Name Name	
Relationship Relationship	
Cell Phone	Cell Phone

MEDICAL INFORMATION

Allergies	Medical Conditions	
Emergency medications and dosing instructions		

INSURANCE INFORMATION

Please provide insurance information in case emergency medical service is required.		
Name of Policy Policy #		
Policy Name Holder		
Preferred Hospital, if possible		