

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 2023– MAY 2024

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 Wendi Dennard, Vice President 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 Marci Jerome, 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 _____
DID A CURRENT MEMBER REFER YOU TO TBT? (NAME) _____	
ARE YOU AN INTERFAITH FAMILY? YES NO DO YOU READ HEBREW? YES NO	

MEMBERSHIP DUES AND COVENANT OF THE TEMPLE PILLARS

Pillar Membership Level	Financial Commitment	Benefits
CORNERSTONE OF TBT	Select below*	<ul style="list-style-type: none"> High Holiday Tickets Invitation to Participate in all TBT Services and Events Voting Privileges Brotherhood & Sisterhood Membership
<input type="checkbox"/>	Married with children between ages 5 and 21	\$2,415
<input type="checkbox"/>	Married with children under age 5 and/or over age 21	\$1,955
<input type="checkbox"/>	Non-married with children between ages 5 and 21	\$1,610
<input type="checkbox"/>	Non-married with children under age 5 and/or over age 21	\$1,150
<input type="checkbox"/>	Non-married with no children	\$ 575
<input type="checkbox"/>	Married with no children (oldest spouse over age 27)	\$1,955
<input type="checkbox"/>	Married with no children (oldest spouse under age 27)	\$1,150
<input type="checkbox"/>	Retired couple	\$1,150
<input type="checkbox"/>	Retired individual	\$ 575
<p>For membership purposes, it is the child's age as of September 30. Membership Dues do not include Religious School Tuition which follow.</p> <p>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.</p>		
<input type="checkbox"/>	DEFENDERS OF THE TORAH	\$3,600 All of the benefits above plus: <ul style="list-style-type: none"> Annual Recognition Dinner Media Recognition Inscribed on the Scroll of Giving Access for Two to any One Event Aluminum Leaf for the Tree of Life
<input type="checkbox"/>	KEEPERS OF THE FLAME	\$7,200 All of the benefits above plus: <ul style="list-style-type: none"> 2 High Holiday Guest Tickets Complimentary Access to all Events Copper Leaf (replacing aluminum leaf) for the Tree of Life Pick 1 of 3 to be Imprinted: Chumash, Prayer Book or High Holiday Prayer Book for your Personal Use
<input type="checkbox"/>	GUARDIANS OF THE TEMPLE	\$10,000 All of the benefits above plus: <ul style="list-style-type: none"> 4 High Holiday Guest Tickets Special President's Dinner Brass Leaf (replacing copper leaf) for the Tree of Life Pick 2 of 3 to be Imprinted: Chumash, Prayer Book and/or High Holiday Prayer Book for your Personal Use TBT reserves an Acorn on the Tree of Life where your family name will appear with other Guardians of the Temple for the Giving Year.

RELIGIOUS SCHOOL TUITION

<input type="checkbox"/>	Kindergarten - 3 Grade	\$ 800
<input type="checkbox"/>	Grades 4 - 7*	\$1,175
<input type="checkbox"/>	Grades 8 - 12	\$ 600
<input type="checkbox"/>	*B'nai Mitzvah Fee – Paid in 6 th Grade	\$1,450

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 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!

Education:

- Religious School Board
- Teaching
- Assistant Teaching
- Adult Education
- Special Programs

Administration:

- Membership
- Marketing
- Computer/Database Administration
- Website Administrator
- Communications (Newsletter, Blast)
- Fundraising

Youth Group:

- Seniors (grade 9-12)
- Juniors (grade 7-8)

Religious Life:

- Ritual Committee
- Adult Choir
- Interfaith Activities
- High Holiday Committee

Social Activities:

- Brotherhood
- Sisterhood
- Holidays & Events
- Adult Activities
- Life-Cycle Events
- 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?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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, Jon Colquitt, 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 PayPal (2.5% 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 all dues and fees to Temple Beth Torah as stipulated and that the above information is correct.

SIGNATURE: _____ **DATE:** _____

TEMPLE BETH TORAH RELIGIOUS SCHOOL REGISTRATION

FOR SCHOOL YEAR SEPTEMBER 2023 – MAY 2024

STUDENT INFORMATION (ONE REGISTRATION FORM PER CHILD)

LAST NAME _____	FIRST NAME _____
HEBREW NAME _____	NICKNAME _____
DATE OF BIRTH _____	AGE _____ GENDER _____
GRADE _____	PUBLIC SCHOOL _____

PARENT INFORMATION

PARENT/GUARDIAN _____	PARENT/GUARDIAN _____
ADDRESS _____	ADDRESS _____
CITY/STATE/ZIP _____	CITY/STATE/ZIP _____
HOME PHONE _____	HOME PHONE _____
WORK PHONE _____	WORK PHONE _____
CELL PHONE _____	CELL PHONE _____
EMAIL ADDRESS _____	EMAIL ADDRESS _____
If divorced, custodial parent or guardian _____	
Anyone who cannot exercise custody _____	

RELIGIOUS SCHOOL BACKGROUND

PREVIOUS RELIGIOUS SCHOOL _____

FIRST 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 teacher should have to meet your child's needs. You may prefer to talk privately with the Vice President. If so, please indicate as this registration form will be shared with the teacher. You may also write on the back.

HEALTH INFORMATION

ALLERGIES _____	MEDICAL CONDITIONS _____
INSURANCE CARRIER _____	GROUP/PLAN # _____
MEMBER NAME/ID _____	

EMERGENCY INFORMATION

NAME _____	RELATIONSHIP _____
HOME PHONE _____	CELL PHONE _____