

# Temple Beth Or

P.O. Box 789, Brick, NJ 08723

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Website: [www.templebethorbrick.org](http://www.templebethorbrick.org)

## Application for Membership

Welcome to Temple Beth Or. Please give us all of the applicable information so that we can better serve you.

I/We hereby apply for membership in Temple Beth Or, a congregation affiliated with the United Synagogue of Conservative Judaism.

**Member 1 Name:** \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Jewish Name: \_\_\_\_\_

Father's Jewish Name: \_\_\_\_\_ or: \_\_\_\_\_ If not Jewish

Mother's Jewish Name: \_\_\_\_\_ or: \_\_\_\_\_ If not Jewish

**Member 2 Name:** \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Jewish Name: \_\_\_\_\_ or: \_\_\_\_\_ If not Jewish

Father's Jewish Name: \_\_\_\_\_ or: \_\_\_\_\_ If not Jewish

Mother's Jewish Name: \_\_\_\_\_ or: \_\_\_\_\_ If not Jewish

Current Status: \_\_\_\_\_ Married \_\_\_\_\_ Single Other: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone – Home: \_\_\_\_\_ Daytime Telephone **Member 1** (if different): \_\_\_\_\_

Daytime Telephone **Member 2** (if different): \_\_\_\_\_

Cell Phone **Member 1** \_\_\_\_\_

**Member 2** \_\_\_\_\_

E-mail – **Member 1** \_\_\_\_\_

**Member 2** \_\_\_\_\_

Preferred email address(es) for congregation's messages: \_\_\_\_\_ Member 1 \_\_\_\_\_ Member 2 \_\_\_\_\_ Both \_\_\_\_\_ Neither

**CHILDREN** – Please list any children 23 years of age and under living anywhere or any age if living at home.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Living Home or away? \_\_\_\_\_

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**YAHRTZEIT**(s) – Please list any individuals for whom you want to receive annual reminder notices of their Yahrtzeit and have included in our weekly Yahrtzeit List. Attach a separate paper if necessary.

Name: \_\_\_\_\_ Date of Death: \_\_\_\_\_ How related? \_\_\_\_\_

(American/Jewish or Both)

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If giving only the American date, please indicate whether the person died at night or during the day.

Optional – Yahrtzeit Memorial Plaques displayed in the Sanctuary: \$350 each.

Contact us to order one of more Yahrtzeit Memorial Plaques.

**KADDISH RECITATION**: - A Temple Beth Or member or a Kaddish relative of a member, who dies is to be remembered and automatically place on the 11-month Mourner’s List, which is read at the time of the recitation of the Mourner’s Kaddish at the end of Shabbat services on Friday nights and Saturday mornings. There is no required donation for this. A request may be made to add a nonmember to the Mourner’s List and have them also remembered and included at these times of the recitation of the Mourner’s Kaddish. We do request a donation of \$300 for this.

**MEMBERSHIP CATEGORY**

**For 2021-2022\***

**(Regular)**

|  |          |             |                          |
|--|----------|-------------|--------------------------|
| ___ Single – one adult, no children              | \$351.00 | (\$578.00)  | (one High Holiday seat)  |
| ___ Family – two adults with or without children | \$582.00 | (\$1040.00) | (two High Holiday seats) |
| ___ One Parent/Adult & Children                  | \$489.00 | (\$853.00)  | (one High Holiday seat)  |

\*Dues are to be paid in full prior to July 30, 2022. Dues are structured as such because we are currently looking for a permanent location; the dues will most probably increase in FY 2023.

Note:

- a) The Temple Beth Or membership year is January through December. However, there is a special offer for new members. If you are joining after June 1, the annual membership dues for the first year extend through December of the FOLLOWING year.
- b) If there are two adults in the household and one is not Jewish, you may choose a membership category as either one adult or two adults. With the choice of the two-adult family membership, the non-Jewish adult is considered an honorary member.
- c) Special dues arrangement for a young married couple under 30 years of age in the first three years of marriage: first year membership – 1/3 dues, second year membership – 2/3 dues, third year membership – full dues

**HIGH HOLIDAY SEATS** – Members may obtain additional tickets for High Holiday seats. Children 23 years of age and under do not require tickets. For others, we do request the following donations:

Member’s child or other relative, over 23 years of age: \$50.00

Non-member adult who is not a member’s relative: \$250.00 (not an option in 2021)

Member of another Conservative synagogue who is in good standing: No charge

**RELIGIOUS EDUCATION**: – Temple Beth Or offers a religious education to its members’ children. Contact the Rabbi for information and arrangements.

I/We wish to enroll the following students for Religious Education:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade in general school \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade in general school \_\_\_\_\_

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**YOUTH GROUPS:** Temple Beth Or is part of chapters of United Synagogue Youth (USY) for students in grades 9-12 and Kadima for students in grades 5-8. Contact the office for more information.

**BAR/BAT MITZVAH:** includes the option of choosing honorees at the service. There is no charge for the lessons with the Rabbi. If the event is held as part of the Saturday morning Shabbat service, it is expected that the Saturday Kiddush and the Friday night Oneg Shabbat receptions will be sponsored in honor of the occasion and these costs will be included in the total fee.

**LIFE CYCLE OCCASIONS:** We encourage you to celebrate your life cycle occasions and events at Temple Beth Or, including birthdays, anniversaries, yahrtzeits and various special occasions in life. Contact the office for information about sponsoring a Friday Night Oneg Shabbat, Saturday Kiddush or a private event.

**ILLNESS:** – We maintain a Prayer List of members and non-members who are ill and for whom a Misheberach Prayer has been requested to be recited at the Shabbat and Holiday Morning Prayer services. Contact the office or the Rabbi on a weekday (so that we can write down the information) to add someone to the list. If someone is in a hospital, nursing home, rehabilitation center, hospice, assisted living, any healthcare setting or home with care, contact the office or the Rabbi during the week so that we can try to follow up by visiting or some other way of contacting that person.

NOW, A FEW BRIEF QUESTIONS ABOUT YOU....

How did you hear about Temple Beth Or?

What are you looking for as a Temple Beth Or member?

Please briefly describe any special interests, talents, hobbies and/or skills that you may have:

Additional comments:

I/We agree to abide by the Constitution and By-Laws of Temple Beth Or and its affiliates.

Signature (Member 1) \_\_\_\_\_ Date: \_\_\_\_\_

Signature (Member 2) \_\_\_\_\_ Date: \_\_\_\_\_

Please Note:

a) We want to make sure that no one is discouraged from being a part of our congregation because of financial constraints. If you have any concerns please contact us so that mutually agreed upon arrangements can be made.

b) Membership is automatically renewed yearly on January 1 unless the Financial Secretary is notified before December 31. In case of a resignation, a note must be submitted in writing by letter or e-mail. Any fees incurred prior to resignation are the responsibility of the member.

Enclosed is payment (payable to Temple Beth Or) of \$ \_\_\_\_\_ Check Number \_\_\_\_\_

**Again, Welcome to Temple Beth Or!**