



הנה מה טוב ומה נעים שבת כלנו יחד

How good and how pleasant it is
for all of us to dwell together in unity!

1301 Oxford Street - Berkeley 94709 ■ 510-848-3988 ■ www.bethelberkeley.org

RABBI YOEL H. KAHN, Ph.D.
rabbikahn@bethelberkeley.org

Dear Friend,

Thank you so much for inquiring about membership at Congregation Beth El. The synagogue is our Jewish communal home and we warmly welcome you. We are a diverse community, including individuals from a wide range of Jewish and other backgrounds. People come to Beth El at every level of Jewish education and experience, from none at all to life-long immersion. Wherever you are on your Jewish journey, you are welcome at Beth El. Together, we are building a Jewish spiritual community in which each person and family explores, learns about, chooses and deepens their own spirituality, commitments and practice.

There are many different paths to community at Beth El. For some, it is through meeting other families at our Nursery School, Camp Kee Tov or Religious School. For others, their gateway may be through Torah study, adult education or worship. Some people in our congregation are primarily involved in our social justice work. I hope you will explore our many different programs and activities and choose the ones that will enrich your life and connections to Jewish tradition and teaching, Jewish community, and the sacred.

The synagogue is known as a *kebillah kedoshah* – a sacred community. As a community, we gather to celebrate Jewish times and seasons, mark life-cycle occasions and support one another in times of joy and times of sorrow. We gather weekly on Shabbat and on holidays throughout the year for prayer, study and celebration. We welcome you to join your voice with ours at any of these occasions.

Come take a tour of our new synagogue facility or schools, and join us at for services, Torah study, programs or classes. Our volunteers and members of our professional staff will be glad to answer any questions you have about our congregation. I would also personally welcome the opportunity to meet you to answer any questions, discuss concerns or just to get acquainted.

Please call Juliet Gardner at 510-848-3988 ext. 235 to make an appointment. I can personally be reached at 510-848-3988 ext. 215 or at rabbikahn@bethelberkeley.org.

I look forward to meeting you. I do hope that you will join our congregational family and that you will find your affiliation fulfilling and rewarding.

L'shalom,

Rabbi Yoel H. Kahn



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President

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LISA FELDMAN
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RABBI FERENC RAJ, Ph.D.
Rabbi Emeritus
ferenc@bethelberkeley.org

Dear Prospective Beth El Congregant:

Thank you for your interest in Congregation Beth El! We hope that you choose our synagogue as your connection to the local Jewish Community. The opportunities for personal growth and community involvement abound. Beth El members participate in synagogue life through a variety of religious activities and programs, through innovative educational opportunities, and through a multitude of volunteer activities and social action projects. We also have numerous Chavurot (friendship groups) to help you get to know fellow members in a small group setting.

Enclosed is a 2011-2012/5772 Membership Packet that contains a Membership Application, Annual Dues Pledge form, a New Member Capital Contribution Commitment Form, and information about what's going on at Congregation Beth El. Applications for our children's programs can be obtained directly from the Religious School (510-848-2122) and Nursery School (510-848-9428).

Please remember that you are welcome as a member regardless of your financial capability. You should feel free to speak in total confidence with Norm Frankel, our Executive Director (510-848-3988 ext. 212) about any concerns you have. I would also be more than happy to talk with you about our programs and answer questions about non-financial issues.

Again, thank you for considering becoming a valuable member of our Beth El family. Together we are ensuring a vibrant Judaism for the future.

B'Shalom,

Nancy Turak
Vice President/Membership
510-527-3779
membership@bethelberkeley.org

Congregation Beth El, Berkeley, CA

Membership Record

Thank you for selecting Congregation Beth El as your connection to the local Jewish Community. Please complete all information on this Membership Application Form. In addition to helping us serve you more effectively, this information helps us to establish an accurate profile of our membership enabling us to better plan our future, and to further your full involvement in the congregation. We will keep all data you share with us **strictly confidential**.

Instructions (please print clearly):

1. If this application is for an **individual or single parent** membership, please complete the **Member A** section only.
2. If this application is for **two adult partners** please complete both the **Member A** and **Member B** sections.

MEMBER A:
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.
Last Name: _____
First Name: _____
Nickname: _____
E-Mail: _____
Cell Phone: _____
Birth Date: _____
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partnered <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Anniversary Date (if applicable): _____
Religion (if not Jewish): _____
Occupation / Title: _____
Specialization or Expertise: _____
Firm Name: _____
Business Address: _____
City/State/Zip: _____
Business Phone: _____

MEMBER B:
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.
Last Name: _____
First Name: _____
Nickname: _____
E-Mail: _____
Cell Phone: _____
Birth Date: _____
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partnered <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Anniversary Date (if applicable): _____
Religion (if not Jewish): _____
Occupation / Title: _____
Specialization or Expertise: _____
Firm Name: _____
Business Address: _____
City/State/Zip: _____
Business Phone: _____

Mail for all memberships will be sent to the residence address unless otherwise requested.
Please address our mail as follows: _____
Residence Address: _____
City: _____ State: _____ Zip: _____ Residence Phone: _____ E-mail: _____
Billing Address (if different than residence):
City: _____ State: _____ Zip: _____ Billing Phone: _____ E-mail: _____
Emergency Contact Name and Address: _____
City: _____ State: _____ Zip: _____ Emergency Phone: _____ E-mail: _____

CHILDREN: Please complete this section as it applies to each of your children under the age of 23 residing with you.

	Child 1	Child 2	Child 3	Child 4
Last Name, First Name				
Birth Date: (please include year)	Date: _____ Age: _____	Date: _____ Age: _____	Date: _____ Age: _____	Date: _____ Age: _____
Age and Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Name of School				
Grade in School				

YAHZEIT RECORD: Please list the names and Yahrzeit dates of loved ones for whom you wish remembrance letters to be sent. Please note: our congregation sends notices dated using the Hebrew calendar unless otherwise requested.

Name	Date of Death		Relationship	Member A/B
	English	Hebrew		

ACTIVITIES IN WHICH YOU ARE INTERESTED AND WOULD LIKE TO PARTICIPATE:

Activity/Committee	Member A	Member B	Activity/Committee	Member A	Member B
Adult Education			Nursery School		
Budget & Finance			Office Volunteer		
Caring/Visitation of Sick			Religious School		
Day Camp (Kee Tov)			Ritual		
Fundraising			Seniors		
Hospitality			Singles		
Israel			Social Action		
Library			Web & I.T.		
Membership			Women of Beth El		
Men's Club			Youth		
Mitzvah Committee			Other: _____		

Previously a Member of Another Synagogue? Yes No

If yes, please list the name & year: _____

Previously a Member of Beth El? Yes No If yes, what year? _____

Congregation Beth El, Berkeley, CA

New Member Annual Dues Pledge 5772

For the July 1, 2011 – June 30, 2012 Fiscal Year

I. MEMBERSHIP INFORMATION

Please complete the following information:

Name(s): _____

Address: _____

Telephone: _____

Email(s): _____

*Every household at Beth El is an equal part of our community;
we do not turn anyone away for inability to pay.
You can help support those with financial need by contributing above
this year's base membership pledge of \$2,750.*

II. ANNUAL DUES CATEGORY (Please select one)

Friends (Chavarim) I pledge the base amount of \$2,750.

I am honored to be able to contribute more than the base amount of \$2,750

Angels (Malachim) My pledge amount is \$10,000 or above.

A contribution at this level will subsidize membership and school fees for two families with significant financial need.

Leaders (Parnasim) My pledge is \$7,500 or above.

A contribution at this level will subsidize membership and school fees for a family with significant financial need.

Heroes (Gibborim) My pledge is \$5,000 or above.

A contribution at this level will help subsidize membership for a fixed income senior or another congregant in similar need.

Guardians (Shomrim) My pledge is \$3,000 or above.

A contribution at this level will help subsidize membership for a single parent with children or another congregant in similar need.

INTRODUCTORY – First Year Newcomer Options

The generosity of our members enables us to offer the following first year membership options:

- | | |
|---|---------|
| <input type="checkbox"/> Family (all children younger than nursery school age) | \$1,200 |
| <input type="checkbox"/> Nursery School Family | \$1,750 |
| <input type="checkbox"/> Religious School Family (w/child(ren) entering K-3) | \$1,450 |
| <input type="checkbox"/> Kee Tov Family (joining after January 1, 2012) | \$900 |
| <input type="checkbox"/> Single/Individual Head of Household | \$1,200 |
| <input type="checkbox"/> Student (ages 18-24) | \$150 |
| <input type="checkbox"/> Single Senior (age 65 and over) | \$1,400 |
| <input type="checkbox"/> Young Single Adult (ages 25-30) | \$300 |
| <input type="checkbox"/> Young Couple (both 25-30 w/out children) | \$500 |

New Members with Individualized Requests At this time, my financial circumstances do not allow me to pledge the base amount. *Please complete the Dues Modification form (available through the office) and return it with this Dues pledge form.*

Your personal and financial information is held in the strictest confidence.

Please continue on the reverse side ➔

III. ANNUAL DUES PLEDGE

My / Our Annual Dues Pledge for 2011-2012 is \$ _____

Payment Methods:

Expanded payment options are available should you wish to spread out your Annual Dues payments. Checks, ACH Checking Account Transfers, and Credit Card payments are now all available. If an individualized payment plan would be helpful, we would be happy to work together to create one for you. Please let us know if you would like to consolidate your Annual Dues pledge, Religious School or Nursery School fees, and/or Capital Contribution payments into a single payment plan.

As you might expect, lump-sum payments by check are the least costly to Beth El. Payments by ACH checking account transfer have little added expense to Beth El. ACH (Automatic Clearing House) transactions are electronic transfers from your checking account for a specified amount. These are very simple to set up and discontinue at your request. Although credit card payments are absolutely welcome, they are the most costly to Beth El.

IV. Payment Agreement: (Please select one)

- I am paying the full amount now. *Please enclose your check or complete the credit card authorization below.*
- I am paying 50% now, with the remaining 50% to be paid by check on or before December 17, 2011.
- I am paying 50% now, with the remaining 50% to be paid charged to my credit card on December 17, 2011. *Please complete the credit card authorization below.*
- I am paying 50% now, with the remaining 50% to be paid by ACH transfer from my checking account on December 17, 2011. *Please enclose your check.*
- I would like to set up an extended payment plan. What I am suggesting is as follows:

Personalized payment plans are developed together with Norm Frankel, Executive Director. Please contact Norm to discuss your personalized payment plan at 510-848-3988 ext. 212. All payment plans will be set up for payment by ACH or credit card methods.

V. MasterCard/Visa Authorization

Name on Card _____

Credit Card Number _____

CSID (3-digit security code on back of card) _____ Exp. Date _____

Signature of Cardholder _____

**Please return your completed materials to:
Congregation Beth El, 1301 Oxford Street, Berkeley, CA 94709**

Thank you for your support of our community.

Congregation Beth El, Berkeley, CA

Capital Contribution

"If a person resides in a town for 30 days, he becomes responsible for contributing to the soup kitchen; three months, to the charity box; six months, to the clothing fund; nine months, to the burial fund; and twelve months, for contributing to the repair of the town walls."

-Bava Batra 8a

Name(s): _____

Capital Contribution:

We ask that all new and returning members make a capital contribution towards our new synagogue in addition to their annual membership contribution. The capital contribution is fixed at \$2,750 **and is payable over six years (i.e., about \$458 per year)**. Payment is not required during the first year of membership but is certainly encouraged if you have the ability. The full amount of your Capital Contribution pledge will be billed in your first year of membership. Payment may be spread out over the subsequent five years of membership.

Payment Frequency *(choose one)*:

- Full Payment in the amount of \$2,750 is enclosed.
- Partial Payment in the amount of _____ is enclosed.
- Defer the entire amount for first year of membership.
- If you would like to request a different payment plan, please contact the office or write your proposed plan below:

Signature: _____ Date: _____

Payment Method *(choose one)*:

- Check
(made payable to Congregation Beth El)
- Automatic Debit (ACH)
(include a voided check)
- Visa or MasterCard
(complete authorization below and please check first or second payment option)

Total Amount to be Paid by Credit Card: \$ _____

Credit Card Number

Exp. Date: _____

CSID (3 Digit Security Code) _____

Signature/Date

Print Name on Card

Please complete and return this commitment form so that we may properly record your capital contribution.
Congregation Beth El, 1301 Oxford Street, Berkeley, CA 94709

Thank you for your support!