



## "Honoring Tradition, Celebrating Diversity, and Building a Jewish Future"

1301 Oxford Street - Berkeley 94709 ■ 510-848-3988 ■ [www.bethelberkeley.org](http://www.bethelberkeley.org)

RABBI YOEL H. KAHN, Ph.D.  
[rabbikahn@bethelberkeley.org](mailto:rabbikahn@bethelberkeley.org)

RABBI REBEKAH P. STERN  
[rabbistern@bethelberkeley.org](mailto:rabbistern@bethelberkeley.org)

CANTOR ELAYA JENKINS-ADELBERG  
[cantorelaya@bethelberkeley.org](mailto:cantorelaya@bethelberkeley.org)

ALLEN NUDEL  
President

JEREMY ALBERGA  
1<sup>st</sup> Vice President

LORIANNA SEIDLITZ-SMITH  
Vice President, Membership

STEVE MARYLANDER  
Vice President, Development

KAREN ELKINS COHEN  
Vice President, Personnel

MARC ETLINGER  
Vice President, Program Council

ETHAN ANDLEMAN  
Recording Secretary

DAVID HUEBNER  
Treasurer

LEO LEVENSON  
Immediate Past President

DAVID ROTHENBERG  
Executive Director  
[david@bethelberkeley.org](mailto:david@bethelberkeley.org)

RIVKA WEINER  
Director of Youth & Family Education  
[rivka@bethelberkeley.org](mailto:rivka@bethelberkeley.org)

JODI GLADSTONE  
Early Childhood Education Director  
[jodi@bethelberkeley.org](mailto:jodi@bethelberkeley.org)

BECKETT SHEEDER  
Camp Kee Tov & Youth Director  
[beckett@bethelberkeley.org](mailto:beckett@bethelberkeley.org)

RABBI FERENC RAJ, Ph.D.  
Rabbi Emeritus  
[ferenc@bethelberkeley.org](mailto:ferenc@bethelberkeley.org)

Dear Friend:

Thank you for your interest in Congregation Beth El! We hope our synagogue and our congregation becomes your connection to our Jewish heritage, as well as a path for personal growth and community involvement.

A variety of religious activities, innovative educational programs and a multitude of volunteer and social action opportunities with others await you. My wish is that through experimentation and open-mindedness you will find a personally fulfilling way to participate in synagogue life.

Not sure what to do next? A helpful step is meeting with our executive director David Rothenberg ([david@bethelberkeley.org](mailto:david@bethelberkeley.org) or 510-848-3988). David can answer questions about what it means to be part of Beth El.

Enclosed is a Membership Packet. These are the commitment and informational forms to complete when you are ready to become a member of the congregation. David or I can answer questions you have.

Information and registration for youth programs – Youth & Family Education, Camp Kee Tov and Early Childhood Education – are separate. David and I can answer questions and connect you with these programs directly.

Again, thank you for considering becoming part of our Beth El family. Together we can create a meaningful and vibrant Jewish community for ourselves and others, both now and in the future.

L'Shalom,

Lorianna Seidlitz-Smith  
Vice President of Membership  
[membership@bethelberkeley.org](mailto:membership@bethelberkeley.org)



הִנֵּה מָה טוֹב וְיָמָה נְעִים שָׁבֶת כָּלְנוּ יַחַד

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](http://www.bethelberkeley.org)

RABBI YOEL H. KAHN, Ph.D.  
[rabbikahn@bethelberkeley.org](mailto: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, with individuals from a wide range of Jewish and other backgrounds. People come to Beth El at every level of Jewish experience, from none at all to life-long immersion. Wherever you are on your Jewish journey, you are welcome at Beth El.

There are different paths to community at Beth El. For some, it is through meeting the families of our Nursery School (BENS), Camp Kee Tov or Youth and Family Education (YAFE) programs. For others, it is through Torah study, worship, adult education or social justice work. I hope you will explore and ultimately choose that which enriches your life and connection to our shared tradition and community.

The synagogue is known as a kehillah kedoshah – a sacred community. We gather together 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 throughout the year for prayer, study and celebration. We welcome you to add your voice with ours at any of these occasions.

Come take a tour of our synagogue facility or schools. Our volunteers and professional staff are glad to answer your questions.

I want to meet you to answer questions, discuss concerns or just get acquainted. Please call our office at (510-848-3988 and request an appointment with me. I can personally be reached at 510-848-3988 ext. 215 or at [rabbikahn@bethelberkeley.org](mailto: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

# Congregation Beth El

## 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.
3. We like to include a picture and bio of new members in our quarterly *Builder* publication. If you wish to be included, please attach a picture and a bio (200–300 words) on a separate sheet or email both to **frontoffice@bethelberkeley.org**.

<b>TODAY'S DATE:</b> _____	
<p style="text-align: center; color: #0070C0;"><b>Member A</b></p> <p style="text-align: center;"> <input type="checkbox"/> Mr.   <input type="checkbox"/> Mrs.   <input type="checkbox"/> Ms.   <input type="checkbox"/> Dr.   <input type="checkbox"/> Rabbi         </p> <p>Last Name: _____</p> <p>First Name: _____</p> <p>Nickname: _____</p> <p>Residence Address: _____</p> <p>_____</p> <p>E-Mail: _____ Cell</p> <p>Phone: _____</p> <p>Birth Date: _____</p> <p>Gender: _____</p> <p>Marital Status:   <input type="checkbox"/> Single      <input type="checkbox"/> Married      <input type="checkbox"/> Partnered  <input type="checkbox"/> Divorced   <input type="checkbox"/> Widowed</p> <p>Anniversary Date(if applicable): _____</p> <p>Occupation/Title: _____</p> <p>Specialization or Expertise: _____</p> <p>Employer Name: _____</p> <p>Business Address: _____</p> <p>City/State/Zip: _____</p> <p>Business Phone: _____</p>	<p style="text-align: center; color: #0070C0;"><b>Member B</b></p> <p style="text-align: center;"> <input type="checkbox"/> Mr.   <input type="checkbox"/> Mrs.   <input type="checkbox"/> Ms.   <input type="checkbox"/> Dr.   <input type="checkbox"/> Rabbi         </p> <p>Last Name: _____</p> <p>First Name: _____</p> <p>Nickname: _____</p> <p>Residence Address: _____</p> <p>_____</p> <p>E-Mail: _____ Cell</p> <p>Phone: _____</p> <p>Birth Date: _____</p> <p>Gender: _____</p> <p>Marital Status:   <input type="checkbox"/> Single      <input type="checkbox"/> Married      <input type="checkbox"/> Partnered  <input type="checkbox"/> Divorced   <input type="checkbox"/> Widowed</p> <p>Anniversary Date(if applicable): _____</p> <p>Occupation/Title: _____</p> <p>Specialization or Expertise: _____</p> <p>Employer Name: _____</p> <p>Business Address: _____</p> <p>City/State/Zip: _____</p> <p>Business Phone: _____</p>

**Mail for all memberships will be sent to the residence address unless otherwise requested.**

Please address our mail as follows: \_\_\_\_\_

Emergency Contact Name and Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please return completed forms via mail, in person or email (MembershipCoordinator@bethelberkeley.org)

**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
<b>Last Name, First Name:</b>				
<b>Birth Date (with year):</b>	Date: _____	Date: _____	Date: _____	Date: _____
<b>Age:</b>	Age: _____	Age: _____	Age: _____	Age: _____
<b>Gender:</b>	Gender: _____	Gender: _____	Gender: _____	Gender: _____
<b>Name of School:</b>				
<b>Grade in School:</b>				

**Yahrzeit 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	Date to acknowledge		Relationship	Member A/B
		Hebrew	English		

**What are your interests?**

Activity/Program	Member A	Member B	Activity/Program	Member A	Member B
<b>Adult Education.</b> Meaningful learning in a warm, social setting.			<b>Social Action.</b> Working together on shared community challenges.		
<b>Chorus...</b> meet others and make music! No experience necessary.			<b>Social groups</b> for adults & families.		
<b>Finance Committee.</b> Volunteer your expertise and make friends.			<b>Summer Camp</b> - Camp Kee Tov!		
<b>Fundraising Group.</b> A variety of important, gratifying opportunities			<b>Torah Study:</b> nurture your intellect and your spirituality.		
<b>Israel.</b> Study, film, travel and education. What interests you?			<b>The "Tribe",</b> a program for young adults.		
<b>Library:</b> Would you like to know what's available? Let us help you.			<b>Volunteering.</b> Let us talk with you about the variety of opportunities.		
<b>Membership Committee.</b> Be an ambassador for our community.			<b>Wise Aging Group.</b> Join others in exploring the process of aging.		
<b>Men's Club...</b> make friends and build community.			<b>Women of Beth El.</b> Rosh Chodesh & gatherings build our community		
<b>Mitzvah Corps</b> – members helping each other in times of need.			<b>Youth and Family Education.</b> K-12. Foundation for a Jewish future.		
<b>Ritual Committee.</b> Plan programs, observances...and food!			<b>Other Youth activities.</b> Occasional programs for a variety of ages.		

**What else...** should we know about you? Tell us about yourself, family, interests, background or reason for joining Beth El.

---



---



---

**Previous Synagogue Membership**

Previously a Member of another Synagogue?  Yes  No

Name of Synagogue: \_\_\_\_\_ Location: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Previously a Member of Congregation Beth El?  Yes  No

Please return completed forms via mail, in person or email (MembershipCoordinator@bethelberkeley.org)

# 2019-20 Membership Form



Name:

Membership ID:

Prior year dues pledge:

Two years prior dues pledge:

**Every Beth El household is an important part of our community. No one is turned away because of lack of funds.**

**Instructions:** Select a [Membership Type](#), [Amount](#), and, **on the reverse side**, [Payment Schedule](#) & [Method](#).

## Membership Type

Sustaining Membership\*

Single Year Membership

\*Though you can change your **Membership Type** at any time, **Sustaining Memberships** remain in place until you notify Congregation Beth El of a change. **If the congregation changes the Base Dues level in the future, your pledge will automatically change to reflect the same percentage change.**

I/We understand that my/our household membership includes a new \$100 security fee that will be added to my account for 2019-20. This fee will appear on my/our July statement.

## Membership Amount - Option 1: Base Dues

I/we wish to join Beth El at the Base Dues level of \$3,180.

## Membership Amount - Option 2: Join the Maimonides Society

Base dues alone do not cover all of the congregation's costs. Maimonides Society members pledge more than Base Dues to help ensure our congregation remains an open, vibrant, and accessible community.

I/we wish to join Beth El as part of the Maimonides Society at the following level:

- |                          |                           |                 |
|--------------------------|---------------------------|-----------------|
| <input type="checkbox"/> | <b>Menschen</b> (Friends) | <b>\$3,600</b>  |
| <input type="checkbox"/> | <b>Giborim</b> (Heroes)   | <b>\$5,000</b>  |
| <input type="checkbox"/> | <b>Parnasim</b> (Leaders) | <b>\$7,200</b>  |
| <input type="checkbox"/> | <b>Malachim</b> (Angels)  | <b>\$10,000</b> |

Yes, allow Congregation Beth El to publically acknowledge my membership in the Maimonides.

I/we prefer to keep our membership in Maimonides confidential.

## Membership Amount - Option 3: Modified Dues

I/we wish to join Beth El at a Modified Dues level.

Select your **Membership Type**, **Payment Schedule & Method on this form**. A Beth El staff person will contact you with more information about modified dues. You can also email [erika@bethelberkeley.org](mailto:erika@bethelberkeley.org) for more information.

Please add \$36 for IRAC.org to support a more just and democratic Israel. [www.IRAC.org](http://www.IRAC.org)

Beth El supports progressive Judaism & the state of Israel through partnership with the Israel Religious Action Center (IRAC), the advocacy arm of the Reform Movement in Israel. IRAC seeks to advance pluralism in Israeli society & defend freedoms of conscience, faith, & religion. For more information, visit the link above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Continued  
on Reverse Side

## Payment Schedule and Payment Method



### PAYMENT SCHEDULE

Please select one of the following three options:

- I/we wish to pay my pledge in full now.
- I/we wish to pay dues in **monthly** installments. See **Monthly Payment Plan** policies below.
- I/we wish to pay \$\_\_\_\_\_ now and the remainder of our pledge:
- In monthly installments between now and June 30<sup>th</sup>.
  - By June 30<sup>th</sup>, in \_\_\_\_ (number) of payments.

Congregation Beth El asks **all pledges** be paid in full on or before June 30<sup>th</sup>.

### PAYMENT METHOD

Please select one of the following four options:

- Check:** Please indicate "membership dues" in the memo line.
- Automatic Bank Transfer (ACH):** **Please attach a voided check** and provide the information below.  
ACH payments are processed on the 20<sup>th</sup> of each month (or the closest business day).

Bank Name: \_\_\_\_\_

Account Holder's signature: \_\_\_\_\_

- Credit Card:** Please fill out the information below.  
Credit cards are processed on the 10<sup>th</sup> of each month (or closest business day).

Name as it appears on card: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CSID (3 or 4 digit code): \_\_\_\_\_

Cardholder's signature: \_\_\_\_\_

- Every year Beth El spends thousands of dollars on credit card processing fees. In an effort to recover some of those costs, we are asking members who pay by credit card to make sure that Beth El receives 100% of your membership contribution by covering the processing fees. Please check this box if you would like to add 2% to your membership pledge. Thank you!**

- Donation of Securities:** Through a Donor Advised Fund or by IRA. (We will provide additional information)

### Monthly Payment Plan Policies

Congregation Beth El welcomes payment plans for membership dues:

- Payment plans are available via **Automatic Bank Debit (ACH) OR Credit Card**.
- Your pledge can be divided into as many as 12 monthly payments or as few as two payments, depending on the date your pledge is received. Congregation Beth El's membership year begins on **July 1<sup>st</sup>** and ends on **June 30<sup>th</sup>**. **All membership pledges are due in full by June 30<sup>th</sup> of the current membership period.**
- Plans can be set up to begin and end within any time period within the membership year.
- For **Sustaining Members**, your dues payments in future years will continue using the same **Payment Schedule and Payment Method** you select, unless you tell us otherwise.

Please return your completed membership form to [membershipcoordinator@bethelberkeley.org](mailto:membershipcoordinator@bethelberkeley.org)  
OR to Congregation Beth El: 1301 Oxford Street, Berkeley, CA 94709. **THANK YOU!**



# Building Fund Capital Contribution

*If a person resides in a town for 30 days, that person 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. – Talmud, Bava Batra: 8a*

Congregation Beth El is proud to provide a beautiful & secure facility for our families & the wider community. Completed in 2007, our synagogue building offers updated amenities that enable all members & guests to pray, study, gather, & celebrate together.

The construction & ongoing maintenance costs of our building are shared by our member families. The congregation relied on the generosity of many of our members, far above the amount of membership dues, to establish our location on Oxford Street. Caring for our collective home continues to be a primary responsibility of our membership.

As part of Beth El's membership agreement, all members agree to make a capital contribution to support the cost of our facilities. We offer a variety of options for paying this one-time \$3,000 capital contribution commitment. You can indicate the plan that works best for you below.

If you have questions, please contact the **Membership Accounts Coordinator or the Executive Director at (510) 848-3988**. We are happy to assist you. Thank you!

<b>Name(s):</b>	<b>Membership Year:</b>
-----------------	-------------------------

**Payment Schedule for our Ongoing Building (please choose one):**

<input type="checkbox"/>	<b>Option 1:</b> I/we can pay the full capital contribution amount now.
<input type="checkbox"/>	<b>Option 2:</b> I/we wish to pay \$_____ now & the difference: <input type="checkbox"/> Annually over 5 years; OR <input type="checkbox"/> Monthly over 5 years
<input type="checkbox"/>	<b>Option 3:</b> I/we wish to defer payment for the first year and then pay: <input type="checkbox"/> Annually over 5 years; OR <input type="checkbox"/> Monthly over 5 years
<input type="checkbox"/>	<b>Option 4:</b> I/we wish to discuss other payment options.
<input type="checkbox"/>	I/we may consider making a <b>Building Fund</b> contribution in the future.

**Payment Method (please choose one):**

<input type="checkbox"/>	<b>Check.</b> Please indicate “ <b>capital contribution</b> ” in the memo line.
<input type="checkbox"/>	<b>Automatic Bank Transfer.</b> Please include a voided check with this form.
<input type="checkbox"/>	<b>Credit Card.</b> ( <input type="checkbox"/> Check this box to cover the 2% credit card processing fee.)
<input type="checkbox"/>	<b>Donation of Securities.</b> (For instructions, contact our finance office.)

<b>Signature:</b>	<b>Date:</b>
-------------------	--------------