



**"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)

LEO LEVENSON  
President

ALLEN NUDEL  
1<sup>st</sup> Vice President

LORIANNA SEIDLITZ-SMITH  
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ROCHELLE JOHNSON  
Recording Secretary

DAVID HUEBNER  
Treasurer

JILL DODD  
Immediate Past President

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

RABBI REUBEN ZELLMAN  
Music Director  
[rabbizellman@bethelberkeley.org](mailto:rabbizellman@bethelberkeley.org)

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

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

EMILY SCHNITZER  
Camp Kee Tov & Youth Director  
[emily@bethelberkeley.org](mailto:emily@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 x 212). 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)



הנה מזה טוב ומה נעים שבת כלנו יחד

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

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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**.

**TODAY'S DATE:** \_\_\_\_\_

**Member A**

Mr.    Mrs.    Ms.    Dr.    Rabbi

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Nickname: \_\_\_\_\_

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

  

E-Mail: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Gender: \_\_\_\_\_

  

Marital Status:    Single       Married       Partnered  
                           Divorced    Widowed

Anniversary Date (if applicable): \_\_\_\_\_

Occupation / Title: S \_\_\_\_\_

Specialization or Expertise: \_\_\_\_\_

Employer Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_

**Member B**

Mr.    Mrs.    Ms.    Dr.    Rabbi

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Nickname: \_\_\_\_\_

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

  

E-Mail: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Gender: \_\_\_\_\_

  

Marital Status:    Single       Married       Partnered  
                           Divorced    Widowed

Anniversary Date (if applicable): \_\_\_\_\_

Occupation / Title: \_\_\_\_\_

Specialization or Expertise: \_\_\_\_\_

Employer 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: \_\_\_\_\_

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
<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.

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**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

# Membership Pledge Form



Every household at **Congregation Beth El** is an important and equal part of our community. No one is turned away because they do not have the financial means to pay Base Dues.

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

Membership Year: \_\_\_\_\_

**Instructions:** Select a **Pledge, Pledge Option**, and, **on the reverse side, Payment Schedule and Method.**

## Pledge Type

Sustaining Pledge

Single Year

Though you can change your **Pledge Type** at any time, **Sustaining Pledges** remain in place year after year, until you notify Congregation Beth El of a change. If you choose a **Sustaining Pledge** you will not need to complete annual renewal forms in the future. If the congregation votes to change the **Base Dues** level in the future, your pledge will automatically change by that same percentage.

## Pledge Option 1: Base Dues

I/we wish to pledge membership at base membership dues of \$3,090.

## Pledge Option 2: Join the Maimonides Society

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

I/we wish to pledge membership as part of the Maimonides Society at the following level:

**Menschen** (friends) **\$3,600**. Joining the **Maimonides Society** supports Congregation Beth El's belief in the importance of involving Jews of all backgrounds in the creation of our *kehillah kedoshah* (sacred community).

**Giborim** (Heroes) **\$4,626**. Two *Giborim* households combine forces to support another's Base Dues.

**Parnasim** (Leaders) **\$6,180**. A wonderful *mitzvah*. *Parnasim* supports another Congregation Beth EL household at Base Dues level.

**Malachim** (Angels) **\$9,270**. Our **highest dues level**. *Malachim* provide Base Dues support for two other households.

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

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

## Pledge Option 3: Modified Dues

I/we wish to pledge membership at Modified Dues level.

If none of the above options meets your need, Congregation Beth El will provide you with a simple Modified Dues form and guidelines. Select your **Pledge Type** and **Payment Schedule and Method** and we will follow up to assist you further. You may also email us for more information: [jaqui@bethelberkeley.org](mailto:jaqui@bethelberkeley.org)

Please add \$36 for IRAC.org to support a more just and democratic Israel.  
(Your IRAC donation will be included with your initial / full payment of you membership dues)

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
  - By June 30<sup>th</sup> (not necessarily in monthly installments)

(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, or provide the information below.  
ACH is processed on or around the 20<sup>th</sup> of each month.

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

Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

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

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

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

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

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

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

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

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

## Monthly Payment Plan Policies

Congregation Beth El welcomes monthly payment plans for membership dues:

1. Payment plans are available via **monthly** ACH transfer OR **monthly** credit card charge only.
2. Your monthly payment amount will be the total amount of your annual membership pledge divided by the number of months remaining in the membership year at the time 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>** each year.
3. The minimum monthly payment is \$50. Your monthly payment plan may end before June 30<sup>th</sup> depending on the amount of your pledge.
4. For **Sustaining Renewals**, the **Payment Schedule** and **Payment Method** you've selected is used for both current and future years.



## 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*

**Ongoing Building fund support:** All members make a capital contribution to support the cost of the synagogue facility. The capital contribution is currently \$2,750.

**Additional Building fund support:** The building of the synagogue was completed in 2007. Beth El relied on the generosity of many of our members, above and beyond the amount of the Ongoing Building fund support, to realize this dream. Congregation Beth El continues to benefit from the ongoing generosity of its member.

If you have questions, please contact Jaqui McCabe, the Membership Accounts Coordinator ([jaqui@bethelberkeley.org](mailto:jaqui@bethelberkeley.org)), who will be happy to assist you.

**Name(s):** \_\_\_\_\_

**Membership Year:** \_\_\_\_\_

### Payment Schedule for our Ongoing Building (please choose one)

- Option 1:** I/we can pay the full capital contribution amount now.
- Option 2:** I/we wish to pay the partial amount of: \$\_\_\_\_\_ now, and pay the difference:
- Yearly over the next 5 years
  - Monthly over the next 5 years
- Option 3:** I/we wish to defer the entire amount for the first year. After the year of deferment, we wish to pay:
- Yearly over the next 6 years
  - Monthly over the next 6 years
- Option 4:** I/we wish to discuss further payment options.
- I/we may consider making an **Additional Building fund** contribution in the future.

### Payment Method (please choose one)

- Check.** Please indicate "capital contribution" in the memo line.
- Automatic Bank Transfer.** (ACH).
- Credit Card.**
- Donation of Securities.**

**Signature:** \_\_\_\_\_

*Todah Rabah!*