



## Gift of Membership

Membership is the primary source of financial funding for our congregation. They cover a major portion, but not all, of our operating expenses such as salaries, maintaining our sanctuary, and paying the mortgage and utilities. However, the most important reason for becoming a member of our congregation is to support our very vital community, further our Jewish values, and maintain a Jewish presence on Delmarva.

*Please check the appropriate box even though the dues are waived*

**Membership:**

**DATE:**

- Family –1 or 2 adults and children under age 21 living at home                      **\$ 1570** \_\_\_\_\_ waived
- Single – 1 adult    **785** \_\_\_\_\_ waived

Please consider an additional donation to support TBY

\_\_\_\_\_ \$18 (Chai)    \_\_\_\_\_ \$36 (Double Chai)    \_\_\_\_\_ \$72    \_\_\_\_\_ Other \$ \_\_\_\_\_

### SPECIAL RECOGNITION

*Adding Platinum, Diamond, Gold or Silver status to your basic membership helps the financial health of the Temple tremendously. Please consider this generous contribution. THANK YOU*

- **EMERALD**    Add \$5000 - \$10,000 over membership    **\$5000-10,000** \_\_\_\_\_
  - **PLATINUM**    Add \$2500 over membership                      **\$ 2500** \_\_\_\_\_
  - **DIAMOND**    Add \$1000 over membership                      **\$ 1000** \_\_\_\_\_
  - **GOLD**    Add \$500 over membership                      **\$ 500** \_\_\_\_\_
  - **SILVER**    Add \$250 over membership                      **\$ 250** \_\_\_\_\_
- Total**    **\$** \_\_\_\_\_

**Make checks payable to Temple Bat Yam and submit with completed application.**  
**Amount enclosed: \$** \_\_\_\_\_



**TEMPLE BAT YAM**  
**11036 Worcester Highway**  
**Berlin, MD 21811**

Welcome to TBY. We are delighted you have chosen to become part of our community. We hope that you will find membership an enriching experience and encourage you to explore the diverse opportunities for Jewish expression that TBY offers. Please call upon our clergy, staff and lay leaders whenever we can assist you in becoming part of our Jewish family. All information in this application will be treated confidentially. Please call our office at **410.641.4311** if you have any questions at all or need assistance filling out this application.

**PERSONAL INFORMATION**

Date: _____	ADULT APPLICANT 1	ADULT APPLICANT 2
Title	__ Mr. __ Mrs. __ Ms. __ Other _____	__ Mr. __ Mrs. __ Ms. __ Other _____
Full Name		
By what first name do you wish to be addressed (if different from above)?		
Personal Status	__ Single __ Married _____ date __ Other _____	__ Single __ Married _____ date __ Other _____
Hebrew Name (if known)		
Religious Background	__ Jewish __ Other ____ Conversion Interest? Y/N	__ Jewish __ Other ____ Conversion Interest? Y/N
Date of Birth (MM/DD/YYYY)		

**CONTACT INFORMATION**

How would you like your name(s) to appear on Temple mailings? We will do our best to accommodate your request within system capabilities.

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

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

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

Land Line Phone #: \_\_\_\_\_

Fax: \_\_\_\_\_

Cell Phone Member 1 \_\_\_\_\_ Cell Phone Member 2 \_\_\_\_\_

Email 1: \_\_\_\_\_ Email 2: \_\_\_\_\_

Preferred contact phone # (for phone chain messages) \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Please provide the name, address and phone # of individual(s) to be contacted in case of emergency

Names: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## BUSINESS INFORMATION

	Adult Applicant 1	Adult Applicant 2
Occupation/Title		
Area of specialization or expertise		
Business Phone #		
Business Email		

### Yahrzeit Information

- Traditionally, Yahrzeit is observed for one's deceased spouse, parents, siblings, children and grandchildren. You may choose to observe Yahrzeit for others who were close to you. We will notify you each year as the Yahrzeit of a departed loved one approaches and that person's name will be recited in the synagogue during Shabbat services.
- Yahrzeits are generally observed according to the Hebrew calendar. If you would prefer to observe a particular Yahrzeit according to the secular calendar, please check the corresponding box.

## Yahrzeit Information

NAME	<b>DATE OF DEATH</b> <b>(MM/DD/YYYY)</b>  BEFORE/AFTER SUNDOWN	FAMILY RELATIONSHIP	<b>OBSERVE ON</b> <b>SECULAR OR</b> <b>HEBREW</b> <b>CALENDAR?</b>

Please attach a separate sheet for additional names.  
 Request information on memorial plaques by calling TBY at 410-641-4311

## DEPENDENT CHILDREN UNDER AGE 26 INFORMATION

	CHILD 1 __ Male __ Female	CHILD 2 __ Male __ Female	CHILD 3 __ Male __ Female	CHILD 4 __ Male __ Female
First & Middle Name				
Last Name (if different)				
Hebrew Name (if known)				
Birth Date				
Address (if not living with you)				
School currently attending and grade				
Is this child being raised in the Jewish faith?	__ Yes __ No	__ Yes __ No	__ Yes __ No	__ Yes __ No
Will this child be attending Religious School at <b>TBY</b> ?	__ Yes __ No	__ Yes __ No	__ Yes __ No	__ Yes __ No
If previously attended Religious School, list Congregation and City.				

## OPPORTUNITY FOR PARTICIPATION

At TBY, we believe that joining a congregation is a spiritual and emotional commitment. We encourage all congregants to become involved in all aspects of life in our congregational community. In furthering this ideal, we request that upon signing this application you commit to participate in congregational life. Please indicate which of these areas interest you by checking the appropriate item. Your participation will help you strengthen the community and will make your temple experience more meaningful. You will be contacted by a congregation member with more information.

- |   |  |
|---|--|
| <input type="checkbox"/> Adult Learning<br><input type="checkbox"/> Budget & Finance<br><input type="checkbox"/> Social Action & Mitzvah Projects<br><input type="checkbox"/> Communications & Publicity<br><input type="checkbox"/> Maintenance & Building Repair<br><input type="checkbox"/> Music<br><input type="checkbox"/> Book Discussions<br><input type="checkbox"/> Membership<br><input type="checkbox"/> Leading Services<br><input type="checkbox"/> Gift Shop | <input type="checkbox"/> Holiday Celebrations &/or Decorations<br><input type="checkbox"/> Religious School Activities & Projects<br><input type="checkbox"/> Caring Committee<br><input type="checkbox"/> Sisterhood/Women of Reform Judaism<br><input type="checkbox"/> Mah Jongg/Games<br><input type="checkbox"/> Informal Youth Activities<br><input type="checkbox"/> Library<br><input type="checkbox"/> Bulletin Writing, Editing<br><input type="checkbox"/> Fund Raising <input type="checkbox"/> Bingo<br><input type="checkbox"/> Movie Night <input type="checkbox"/> Golf Tournament |
|---|--|

# TALENT AND INTEREST SURVEY

- Cooking       Music       Painting       Gardening       Public Relations
- Israeli Dancing       Baking       Driving       Gambling       Sewing/Needlework
- Art       Travel       Golfing       Boating       Swimming
- Tennis       Skydiving       Carpentry       Running       Biking
- Racing       Other \_\_\_\_\_

What are your passions? What are other interests you may have?

## **How did you hear about us?**

- Social Media     Newspaper     Email     Search Engine     Advertisement
- Recommended by a Friend     Other: \_\_\_\_\_

Please send completed application to:

Temple Bat Yam  
11036 Worcester Highway  
Berlin, MD 21811.

Thank you. We look forward to seeing you.

Our website: <http://www.templebatyam-oc.org>

Our email address: [templebatyam97@aol.com](mailto:templebatyam97@aol.com).

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