Membership 2025-2026

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.

Membership:_____

DATE:_____

- Family –1 or 2 adults and children under age 21 living at home **$ 1650** _____
- Single – 1 adult **825** _____

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 Full Name	__Mr. __Mrs. __ Ms. __Other _____	__Mr. __Mrs. __ Ms. __Other _____
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	DATE OF DEATH (MM/DD/YYYY) BEFORE/AFTER SUNDOWN	FAMILY RELATIONSHIP	OBSERVE ON SECULAR OR HEBREW CALENDAR?

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 TBY?	__ 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.

__ Adult Learning
__Budget & Finance
__Social Action & Mitzvah Projects
__Communications & Publicity
__Maintenance & Building Repair
__Music
__Book Discussions
__Membership
__Leading Services
__Gift Shop
__Holiday Celebrations &/or Decorations
__Religious School Activities & Projects
__Caring Committee
__Sisterhood/Women of Reform Judaism
__Mah Jongg/Games
__Informal Youth Activities
__Library
__Bulletin Writing, Editing
__Fund Raising
__Movie Night
__Bingo
__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: office@templebatyam-oc.org.