

Congregation Beth El Membership Application

(Please print clearly)

Date: _____

Name(s) to use on mailing labels: _____

Home Address _____ City _____ State _____ Zip _____

Home Phone () _____

Mobile Phone: () _____

E-Mail _____

Mail Preference: E-Mail
 Paper and Envelopes

Adult #1

Name: _____

Occupation: _____

Informal Name: _____

Business Name: _____

Jewish? Yes No (see note below)

Work Address: _____

Hebrew Name: _____

City: _____ State: _____ Zip: _____

Birth Date: _____

Work Phone: () _____

Marital status (optional): _____

Work Fax: () _____

Anniversary Date (if applicable): _____

Check One (if applicable) Kohen Levi

Adult #2

Name: _____

Occupation: _____

Informal Name: _____

Business Name: _____

Jewish? Yes No (see note below)

Work Address: _____

Hebrew Name: _____

City: _____ State: _____ Zip: _____

Birth Date: _____

Work Phone: () _____

Marital status (optional): _____

Work Fax: () _____

Anniversary Date (if applicable): _____

Check One (if applicable) Kohen Levi

Note: We welcome non-Jewish partners and encourage them to participate in the life of our community. If you have questions or concerns in this area please talk with our rabbi, Nina Mandel, at 570-286-1490.

Congregation Beth El Membership Application

Children

First Name: _____ **School:** _____ **Grade:** _____

Last Name: _____ **Enrolled in Beth El Hebrew School?** Yes No

Address (if different from yours): _____ **Zip** _____

Phone (if different): () _____ **Hebrew Name** _____

Sex: M F **Birth Date:** _____

E-mail address (if you want your child to receive e-mail from the synagogue): _____

First Name: _____ **School:** _____ **Grade:** _____

Last Name: _____ **Enrolled in Beth El Hebrew School?** Yes No

Address (if different from yours): _____ **Zip** _____

Phone (if different): () _____ **Hebrew Name** _____

Sex: M F **Birth Date:** _____

E-mail address (if you want your child to receive e-mail from the synagogue): _____

First Name: _____ **School:** _____ **Grade:** _____

Last Name: _____ **Enrolled in Beth El Hebrew School?** Yes No

Address (if different from yours): _____ **Zip** _____

Phone (if different): () _____ **Hebrew Name** _____

Sex: M F **Birth Date:** _____

E-mail address (if you want your child to receive e-mail from the synagogue): _____

Note: List additional children on the back of this form

Congregation Beth El Membership Application

Special Interests

Bikkur Holim (visiting the sick/homebound)
 Israeli Affairs
 Library
 Outreach
 Children's Activities
 Teen Activities
 Other _____

Skills & Experiences

	(Adult #1 name)	(Adult #2 name)
Previous Jewish education (Hebrew school, day school, high school, college)		
Reading Torah (please list portion(s) that you already know)		
Reading Haftorah (please list portion(s) that you already know)		
Artistic skills (singing, musical instruments, shofar blowing, arts or crafts, etc.)		
Computer skills (database, Web site design, other)		
Fund-raising/Finance experience		
Other		

Yahrzeit Information

If you would like to be reminded of the anniversary of the death of a loved one:

Name of deceased	Related to whom?	Relationship	Date of death	Died before sundown?*	Hebrew name

**Note: The time of death (before or after sundown) is needed to determine the date of death on the Jewish calendar.*

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Synagogue Committee Interests

(Please indicate which person is interested in each committee you select):

<input type="checkbox"/> Adult Education	<input type="checkbox"/> Social/Entertainment	<input type="checkbox"/> Finance/Budget
<input type="checkbox"/> Religious/Hebrew School	<input type="checkbox"/> Cemetery/Memorial	<input type="checkbox"/> Bulletin/Public Relations
<input type="checkbox"/> Ritual	<input type="checkbox"/> Membership	<input type="checkbox"/> Building

How did you learn about Congregation Beth El? _____

ANNUAL MEMBERSHIP DUES

Standard (\$1,620)
 1 payment of \$1,620
 2 payments of \$810 (first enclosed)
 4 payments of \$405 (first enclosed)
 Other (*by special arrangement) \$_____ a year

BUILDING FUND

Standard - \$300 initially; \$100 per year afterwards
 Other (*by special arrangement) \$_____

HEBREW/RELIGIOUS SCHOOL

Number of children to enroll _____
 Annual Standard Tuition (\$350 tuition per child) \$_____
 Other (*by special arrangement) \$_____

**Members who would like to discuss reduced fees should contact the Treasurer, Leslie Harris (treasurer@beth-el-sunbury-org). All such conversations are kept in strict confidence.*

TOTAL ENCLOSED: _____

We strongly encourage members to pay their Dues and Building Assessment fee automatically. To do so, please return the attached Recurring ACH Payment Authorization form along with your completed application. Otherwise, please return this form with your check made out to "Congregation Beth El" to:

President
Congregation Beth El
249 Arch Street
PO Box 506
Sunbury, PA 17801

Thank you very much, and welcome to the Congregation Beth El community!

Recurring ACH Payment Authorization – New Members

You authorize regularly scheduled charges to your checking/savings account for payment of your dues and Building Assessment. You will be charged the amount indicated below for each billing period. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected. (Please note that the 2025 dues amount is \$1620 per family, plus a \$300 Building Assessment fee for new members that reduces to \$100 annually in subsequent years. The total for paying those via ACH is \$160 monthly, \$480 quarterly, or \$960 semi-annually for the first year of membership.)

I _____ authorize _____ to charge my
(Full Name) (Congregation Name)

bank account indicated below for \$ _____ around the third day of the particular
(Amount \$)
month when periodic charges are due. I would like payments to be processed

- Monthly (Around the 4th of each month)
- Quarterly (January 4, April 4, July 5, and October 4)
- Semi-Annually (April 4 and October 4)

Billing Information

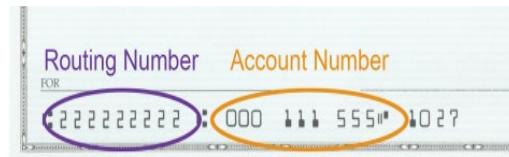
Billing Address _____ Phone # _____

City, State, Zip _____ Email _____

Bank Details

- Checking
- Savings

Name on Account _____
Bank Name _____
Routing Number _____
Account Number _____



I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Congregation Beth El in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF), I understand that Congregation Beth El may at its discretion attempt to process the charge again within 30 days, and I agree to an additional \$20 charge for each attempt returned because of non-sufficient funds (NSF), which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____
(Account Holder's Signature)

DATE _____