

Temple Beth David

2025 Membership Application Form

Head of Household Contact Info

First Name	Last Name
Street Address	
City, State	Zip
Home Number	
Cell Number	
Email Address	

Partner Contact Info

First Name	Last Name
Street Address	
City, State	Zip
Home Number	
Cell Number	
Email Address	

Temple Beth David

Confidential 2025 Dues Pledge Form

Member Full Name(s) _____

This year, as we have in the past, we are asking each member to complete this pledge form. This helps the Temple to budget and plan for the year. Please fill out each box, check the payment plan that best suits your needs, write your pledge total, sign at the bottom, and **return this form by January 31, 2025**. You may pay in one lump sum, monthly or quarterly. If you are a new member, we honor the first-year rates.

2025 Dues Pledge – please check all that apply:

New member paying first year rate at 50% (Family or Single membership)

Family membership \$2,500 ... \$ _____

Single membership \$1,250 ... \$ _____

Sustaining membership \$3,000 + ... \$ _____

Additional voluntary contribution ... \$ _____

Reduced Dues: Please complete the Dues Relief Form attached. \$ _____

TOTAL 2025 DUES PLEDGE \$ _____

I choose the following payment plan for 2025 dues – please check one

One payment. I will pay my 2025 dues in one payment.

Quarterly Payments. I will pay my 2025 in four equal quarterly payments: January, April, July, and September 2025. **Amount:** \$ _____

Monthly Payments.

I will pay my 2025 dues in TEN (10) equal monthly payments. **Amount:** \$ _____

TOTAL 2025 PLEDGE \$ _____

Signed: _____ *Date:* _____

If you would prefer to pay by credit card, please fill out the enclosed credit card payment form.

Temple Beth David Credit Card Payment Form

Return this form only if you wish to pay dues by credit card.

If you would prefer to use your Visa or MasterCard to pay your Membership Dues, please fill out the information below.

Member Name(s) _____

Cardholder's Name, if different _____

Credit Card Billing Address _____

City, State, Zip _____

Phone # _____ Email Address _____

Credit Card # _____

Card Expiration Date _____ CVV # _____ Visa MasterCard

Please select one payment option:

ONE PAYMENT

I authorize Temple Beth David to charge \$ _____ *one time only* to the above credit card.

MONTHLY PAYMENTS

I authorize Temple Beth David to charge \$ _____ *each month (for ten months)* to the above credit card.

QUARTERLY PAYMENTS

I authorize Temple Beth David to charge \$ _____ *four times – January, April, July, and October* to the above credit card.

Signature _____ Date _____

For office use only

January 2025	May 2025	September 2025
February 2025	June 2025	October 2025
March 2025	July 2025	November 2025
April 2025	August 2025	December 2025

Return this form only if requesting a reduction in dues.

**Temple Beth David
Confidential Dues Adjustment Form – 2025**

Member Name(s) _____

It is the policy of Temple Beth David to never allow finances to be a barrier to membership. We believe in creating a sacred community by opening our doors to all, and by being there for everyone, especially in their times of need. **Dues adjustments are available for anyone who needs them and will be considered on a case-by-case basis.**

The Temple recognizes that life has its ups and downs, and that members sometimes are not able to contribute the full dues amount. Every membership pledge of any size for 2025 will be appreciated. By contributing in any way, congregants help sustain Temple Beth David – after all, without the support of our members, our community could not exist!

2025 Dues pledge \$_____ **per:** month quarter year (please check one)
Does this amount include religious school? yes no

Even a small increase in dues over last year's pledge will help us to meet our increased obligations.

Reason for dues reduction request:

This information will be kept strictly confidential and will be reviewed by the Finance Committee. If you have questions about adjusting dues, please mail or email this form to the temple office: OFFICE@TEMPLEBD.COM and it will be forwarded to the finance committee.

Thank you for your support and understanding.

TEMPLE BETH DAVID FAMILY LIFECYCLE RECORD
(For New Members and Additions to existing records)

Family Membership Name _____ **Today's Date** _____

Adult #1

Adult #2

Title you prefer: _____

First Name: _____

Last Name: _____

Name by which you are

Called to the Torah: _____

(Use English lettering)

(Hebrew format would be ___ ben or bat ___ v ___)

Date of Birth _____/_____/_____

Wedding Anniversary _____/_____/_____

Children

Name _____ Jewish Name _____ Gender _____ Date of Birth____/____/_____

Name _____ Jewish Name _____ Gender _____ Date of Birth____/____/_____

Name _____ Jewish Name _____ Gender _____ Date of Birth____/____/_____

Name _____ Jewish Name _____ Gender _____ Date of Birth____/____/_____

Name _____ Jewish Name _____ Gender _____ Date of Birth____/____/_____

Name _____ Jewish Name _____ Gender _____ Date of Birth____/____/_____

PLEASE ALSO COMPLETE THE NEXT PAGE

Yahrzeit Information
(For New Members and Additions to existing records)

Please indicate your preference to observe by English (E) or Jewish (J) date.

Name of Deceased	Relation	E/J	English Date of Death	Before or After Sundown