

Congregation Beth Torah



“We Are The Community We Need”

Membership Application

Congregation Beth Torah

6100 West 127th Street

Overland Park, Kansas 66209

913.498.2212

info@beth-torah.org

www.beth-torah.org

www.facebook.com/CongregationBethTorah

Twitter: @bethtorah



Welcome to Congregation Beth Torah

Congregation Beth Torah is a modern, Reform Jewish congregation dedicated to creating an inclusive, caring community while providing opportunities for lifelong learning and meaningful worship. We strive to encourage and promote ethical Jewish living, spiritual and personal growth, social justice and the continuity of the Jewish people. We would like to welcome you to our family and we are honored that you have chosen us as your place of worship.

The information you provide below will be kept confidential and is only intended for our records to help better serve you and your family

1. Mailing Information

Date: _____

Family Name(s) for Mailing: _____

Address: _____

City, State: _____ Zip: _____

Home Phone Number: _____ Alternate: _____

Billing Address (if different from above):

Address: _____

City, State: _____ Zip: _____

Single Married (Anniversary dd/mm/yy: _____)

Partnered Widowed Separated Divorced

2. Previous Synagogue Affiliation

Previous Synagogue: _____ Location: _____

Affiliation: Orthodox Conservative Reform No Affiliation

3. Member Information

Adult

Mr. Mrs. Ms. Dr. Other: _____

Last Name: _____

First Name: _____

Middle Name: _____

Hebrew Name: _____

Male Female D.O.B: _____

Preferred Phone: _____

Preferred Email: _____

Currently a stay at home parent

Occupation: _____

Position/Title: _____

Company Name: _____

Address: _____

City/State: _____ Zip: _____

Business Number: _____

Religious Background:

Jewish - Orthodox Conservative

Reform Reconstructionist

Non-Jewish-Religion Practiced:

Do you have any disabilities?

Vision Hearing Mobility Other

Adult

Mr. Mrs. Ms. Dr. Other: _____

Last Name: _____

First Name: _____

Middle Name: _____

Hebrew Name: _____

Male Female D.O.B: _____

Preferred Phone: _____

Preferred Email: _____

Currently a stay at home parent

Occupation: _____

Position/Title: _____

Company Name: _____

Address: _____

City/State: _____ Zip: _____

Business Number: _____

Religious Background:

Jewish - Orthodox Conservative

Reform Reconstructionist

Non-Jewish-Religion Practiced:

Do you have any disabilities?

Vision Hearing Mobility Other

Please use additional paper if you need to list more individuals in your household

Child (1)

Last Name: _____ First Name: _____ Middle Name: _____

Hebrew Name (In English): _____ Male Female

Date of Birth: _____

Grade (as of this Fall): _____ OR Year child will enter Kindergarten: _____

Will your child attend our NATE Accredited Weiner Religious School?

Yes Grade: _____ No Would like more information

Address if child is not living at home: _____

Name of School Attending/ Attended: _____

If 18 to 24, would your child like to be considered for our Beyond Chai Program?

Yes No If Yes, what is their primary e-mail? _____

Child (2)

Last Name: _____ First Name: _____ Middle Name: _____

Hebrew Name (In English): _____ Male Female

Date of Birth: _____

Grade (as of this Fall): _____ OR Year child will enter Kindergarten: _____

Will your child attend our NATE Accredited Weiner Religious School?

Yes Grade: _____ No Would like more information

Address if child is not living at home: _____

Name of School Attending/ Attended: _____

If 18 to 24, would your child like to be considered for our Beyond Chai Program?

Yes No If Yes, what is their primary e-mail? _____

Child (3)

Last Name: _____ First Name: _____ Middle Name: _____

Hebrew Name (In English): _____ Male Female

Date of Birth: _____

Grade (as of this Fall): _____ OR Year child will enter Kindergarten: _____

Will your child attend our Nate Accredited Weiner Religious School?

Yes Grade: _____ No Would like more information

Address if child is not living at home: _____

Name of School Attending/ Attended: _____

If 18 to 24, would your child like to be considered for our Beyond Chai Program?

Yes No If Yes, what is their primary e-mail? _____

4. Family Members Affiliated with Congregation Beth Torah (if any)

Names: _____ Relationship: _____

Names: _____ Relationship: _____

5. Yahrzeit Information

It is the custom at Congregation Beth Torah to read the names of loved ones who are no longer with us on the anniversary of their passing/yahrzeit. You will be notified by our front office of the date when your loved one's name(s) will be read at Shabbat services and the appropriate date to light a remembrance candle. We will do our best to make it a more comfortable experience for you and your family.

I prefer to be notified on the Hebrew English date of passing (List Dates: dd/mm/yyyy)

Yahrzeit #1: _____ Relationship to: _____

Date of Passing: _____

Yahrzeit #2: _____ Relationship to: _____

Date of Passing: _____

Yahrzeit #3: _____ Relationship to: _____

Date of Passing: _____

Yahrzeit #4: _____ Relationship to: _____

Date of Passing: _____

6. Involvement

In order to serve you and your family to our best abilities, please take a few moments to answer the following questions. Also, please feel free to include any additional information that you feel may be beneficial to us.

What skills, hobbies or interests (i.e. musical talents, volunteering, event planning, etc...) do you or members of your household have that might be shared in our congregation to foster a more caring and involved community through programming, education, worship, etc?

Name: _____ Skills/Interests: _____

Name: _____ Skills/Interests: _____

Name: _____ Skills/Interests: _____

If you and/or your family would like more information on getting involved in our community through multiple facets whether it be a Havurah, volunteering, etc. please check yes and provide the best way for us to contact you. (Optional)

Yes No Contact Information: _____

How did you hear about Congregation Beth Torah?

Referred by _____ Web Site Advertising Other _____

Reason for joining: _____

7. Release Statement

Because of the value we place on community and fostering relationships, we would like your permission to publish your names and pictures of you and your family that we gather for use on our website, Facebook, the Tekiah (our monthly bulletin) and other advertising ventures. In addition, if you check yes, we will contact you sometime in the future to be a part of the "Meet Our Members" portion of the Tekiah to enable you to share your journey to Congregation Beth Torah with the whole Congregation.

Yes, I grant Congregation Beth Torah the permission to use and publish our names and pictures for advertising use.

No, I do not grant Congregation Beth Torah the permission to use and publish our names and pictures for advertising use.

Thank You!

Once again, we are incredibly honored that you have chosen Congregation Beth Torah to be your spiritual home to lead you through your Jewish journey. We hope that you enjoy and reap all of the benefits that our community and congregation have to offer to enhance your worship, social and educational experiences. Please be in touch with us should there be anything we can do for you and your family. We look forward to seeing you and helping us foster the community we all need in Jewish Kansas City.

Best,

Congregation Beth Torah Staff and Lay Leadership

Membership Options

I/We hereby recognize this application for membership at Congregation Beth Torah in Overland Park, Kansas as (please select one):

***explanation of categories and financial commitments on back page*

Check Membership category that pertains to the oldest person in your household:

- Ages 30 & Under
- Ages 31 - 35
- Ages 36 - 39
- Ages 40 - 69
- Membership age 70 - 79
- Membership age 80 and above
- Associate Membership
- Dual Membership (Belonging to 2 or more local Synagogues)
- Out-of-Town Membership (Located 50 miles+ away from Congregation Beth Torah)
- Need to further discuss fees and membership options with Beth Torah Staff

I/We acknowledge that our membership commitment is payable in advance or choose to pay in the following method (please select one):

- Annually (One payment)
- Semi-Annually
- Quarterly
- Monthly

Important: Annual Commitments and fees are considered due and payable at the beginning of the fiscal year, which is July 1 of any given year. Congregation Beth Torah is pleased to work with you to make this experience the most affordable it can be for your family.

Method of Payment:

Pay when billed (*I/We understand that each payment must be remitted no later than the last day of every month unless specifically worked out with a member of the Beth Torah Staff*)

Automatic Payment by Credit Card: Visa MasterCard Discover
Credit Cards will automatically be charged between the 15th and 19th of each month. This gives authorization that all Congregation Beth Torah expenses may be charged in full to this card the month they are incurred.

Name (as it is written on credit card): _____

Card Number: _____ Expiration: _____ CVV2: _____

Signature Authorizing Automatic Payment: _____

Date: _____

I/We choose to make payments by automatic withdrawal from my/our bank account (EFT)

Name on account: _____

Routing #: _____ Account #: _____

Accordingly, a check in the amount of \$_____ is enclosed to cover the first payment

Building Fund Pledge Section

To ensure that our beautiful place of worship remains an updated, clean and comfortable place for all of our members, we ask that you please make a donation to our building fund that is payable over 5 years at three times annually. This also helps us keep our dues affordable and constant over time.

Our Membership Commitment to Congregation Beth Torah is \$_____ per year

My Building Fund Pledge is \$_____, (three times annual commitment) to be paid over the next 5 years

Accordingly, a check in the amount of \$_____ is enclosed to cover the first installment

Confirmation of Membership

I/We acknowledge that the acceptance of this application by the Congregation Beth Torah staff is subject to my/our fulfillment of current financial obligations to other congregations with which I/we am/are currently affiliated. Congregation Beth Torah can void membership if these obligations are not met.

1. Financial commitments must be current in order to receive High Holy Day Tickets and other Beth Torah services unless otherwise noted by a current Congregation Beth Torah staff member.
2. All financial commitments must be paid in full by the end of the fiscal year (June 30th of the concurrent year)

Please sign

_____ (Initials of Adult) _____ (Initials of Adult if applicable)

Signature (Adult) _____

Signature (Adult if applicable) _____

Date (dd/mm/yyyy)_____

****This document can be handed into the office in person, e-mailed to lintfen@beth-torah.org or can be mailed to Congregation Beth Torah at:**

Congregation Beth Torah
C/O Laura Intfen
6100 W. 127th Street
Overland Park, Kansas 66209

Welcome to Congregation Beth Torah!

