

Congregation Beth Shalom New Member Form

Adult Member 1

Date

Street Address

City

State

Zip code

Home Phone

Cell Phone

Email Address

Date of Birth

Anniversary or other special events

Special Talents / Interests

Adult Member 2

Home Phone

Cell Phone

Email Address

Date of Birth

Special Talents/ Interests

Children

Names

Date of Birth

Current Grade

Get Involved

Check below if you would like more information about involvement in any of the following activities:

	Member 1	Member 2
Brotherhood/Sisterhood		
Social Action		
Worship		
Finance		
Adult Education		
Childhood Education		
Membership		
Caring Circle		
I would like to be paired with a current member to learn more about the congregation	Yes No	Yes No

ANNUAL FINANCIAL SUPPORT

Congregation Beth Shalom members are expected to make a meaningful annual gift, A Gift from the Heart, to help to cover the cost of sustaining our congregation. Annual gifts are essential to offering engagement and connection through worship, education, social action programs, and always being able to provide spiritual support to our membership - Our Family.

The Congregation's annual budget is based on our fiscal year that runs July 1 through June 30 and reflects an annual cost of roughly \$1600 per household with the exclusion of income gained from fundraising activities and various donations. Members generously pledge to contribute that amount, less than that or more- depending on their own ability.

Annual gifts are critical, but please be assured that it is important to give what is right for you and your family. No questions asked. As always, all contributions are confidential. Congregation Beth Shalom welcomes all Jews who share our philosophy and sense of community.

If you would like to learn more about the cost of sustaining our congregation, please reach out to our Treasurer or our Membership Chair at New.Member@bethshalomindy.org

You may also opt to pay your personal commitment by check via automatic electronic transfer. If you have selected electronic transfer, please indicate the payment schedule: Monthly____ Quarterly____ Annually_____

I/we will commit to a gift of \$_____ for this fiscal year.

Signature _____ Date _____

OUR MISSION

Congregation Beth Shalom is a Reform congregation committed to the spiritual, educational and cultural needs of the central Indiana Jewish community. We are an inclusive congregation run by and for our members. Jews by birth, Jews by choice and interfaith families are welcome to participate in the warmth and fellowship of our congregation.

RELEASE

I hereby grant Congregation Beth Shalom permission to use the likenesses of all those identified above, specifically including, but not limited to, my minor children, in photographic or other form in any and all of its publications. I hereby release CBS from any and all liability that may arise out of the use of the aforesaid likenesses. I hereby represent that I am fully authorized to make such release and am the parent or legal guardian of the aforesaid children. I/We are applying to become member(s) of Congregation Beth Shalom.

Signature _____ Date _____

Signature _____ Date _____

Please mail the form with your Personal Commitment to:

Congregation Beth Shalom
4000 W 106th St Suite 160-118
Carmel, IN 46032 or send to bethshalomtreasurer@gmail.com

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