

DRAFT
Temple Beth Israel
2021-2022 Community Commitment

Your Community Commitment links you to the life and spirit of the Temple Beth Israel congregation. While your monetary contribution directly supports the operations of the Temple, your presence and participation in the Temple is the essence of our Jewish community. Consider how you can strengthen our community through attending services, volunteering for a committee, sponsoring an oneg, suggesting a cultural activity, or teaching a religious school class, for example. Our congregational strength is dependent on you.

In making your Community Commitment decision, we ask that you reflect on the value that Temple Beth Israel has been, will be, and is to you. Community Commitment is an expression of belonging.

RETURN OF THIS FORM CONSTITUTES MEMBERSHIP

Your Name(s):

My Community Commitment \$ _____

- Enclosed is a check for the full amount
- Enclosed is my first installment. Quarterly or monthly payments are welcome.

Please make all checks payable to Temple Beth Israel and write Membership 2021-2022 on your check. Please return form promptly; benefits of membership will expire on January 15th if form is delayed. Thank you!

Mail to: Membership 2021-2022
Temple Beth Israel
1 Bowman Street
Plattsburgh, NY 12901

RETURN ONLY IF CHANGES

TEMPLE BETH ISRAEL - Member Information Form
July 1, 2021-June 30, 2022

If the attached Member information form is incomplete or requires changes, please make those changes here and return in the enclosed envelope. Thank you.

Adult #1: _____ Birth Date _____

Hebrew Name, if applicable, Include Parents Hebrew Names:

Home# _____ Cell# _____ Work# _____

Email address: _____

Mailing address: _____

Emergency Contact: Name & Phone# _____

Adult #2: _____ Birth Date _____

Hebrew Name, if applicable, include Parents Hebrew Names:

Home# _____ Cell# _____ Work# _____

Email address: _____

Emergency Contact: Name & Phone# _____

Names of children	Birthdate	Jewish	Hebrew name (if applicable)
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Yahrzeits observed	Date of Death	Relationship	Yahrzeit Preferred
_____	_____	_____	<input type="radio"/> Hebrew <input type="radio"/> English
_____	_____	_____	<input type="radio"/> Hebrew <input type="radio"/> English
_____	_____	_____	<input type="radio"/> Hebrew <input type="radio"/> English
_____	_____	_____	<input type="radio"/> Hebrew <input type="radio"/> English

If any additional space is needed, please continue on back.