PO Box 841 Murrieta, CA 92564 (951) 428-9343 bethemet2024@gmail.com

Application For Membership

Fiscal Year June 1, 2026 – May 31, 2027

MEMBERSHIP CATEGORIES-Check one. (Explanation and Voting Rights in the By-laws):

REGULAR:	Individual ( ) Single Parent ( )	Couple or Family ( )
	Senior: Individual over 65 ( )	Single Parent over 65 ( )
	Couple or Family with at least one of the couple over 65 ( )	
	Young Adult: Single under 25 ( )	Single Parent under 25 ( )
	Couple or Family (both adults under 25) ( )	
CONVERSION:	Individual ( ) Single Parent ( )	Couple or Family ( )
ASSOCIATE:	Individual ( ) Single Parent ( )	Couple or Family ( )

A. APPLICANT: LAST NAME _____ **FIRST NAME** _____

B. CO-APPLICANT*: LAST NAME _____ **FIRST NAME** _____

*If couple or family

PLEASE ENTER THE FOLLOWING CONTACT INFORMATION AND CHECK THE ONE MOST PREFERRED:
(A = Applicant; B = Co-applicant)

E-MAIL ADDRESS: ( ) A. _____ ( ) B. _____

TELEPHONE/ CELL: ( ) Home: _____ ( ) Work A: _____ ( ) Work B: _____

( ) Cell A: _____ ( ) Cell B: _____

HOME ADDRESS

_____

Street Address City ST Zip Code

PLEASE CHECK ONE OF THE FOLLOWING CHOICES:

( ) I/We agree that any of the above information may be included in a membership roster available to other members of the Congregation. This excludes work numbers unless check marked.

( ) I/We do not agree to have any of the above information available to other members of the Congregation except for my/our applicant's name(s).

LAST NAME ______________________ (2026-2027)

Anniversary Date ___/___/______

ALL FAMILY MEMBERS:

(CODE: A = Applicant or Co-applicant; D = Dependant Child/Grandchild; O = Other)

First Name	Last Name If Different	CODE	DOB (MM/DD/YYYY)	Hebrew Name	Jewish Y = Yes N = No	Date of Conversion if Applicable
____________	______________	___	___/___/_____	____________________	____	___/___/___
____________	______________	___	___/___/_____	____________________	____	___/___/___
____________	______________	___	___/___/_____	____________________	____	___/___/___
____________	______________	___	___/___/_____	____________________	____	___/___/___
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____________	______________	___	___/___/_____	____________________	____	___/___/___
____________	______________	___	___/___/_____	____________________	____	___/___/___

Yahrzeit Information:

First and Last Name	Relationship	Date of Death	Hebrew Date of Death
______________________________	____________	___/___/_____	____________________
______________________________	____________	___/___/_____	____________________
______________________________	____________	___/___/_____	____________________
______________________________	____________	___/___/_____	____________________
______________________________	____________	___/___/_____	____________________
______________________________	____________	___/___/_____	____________________
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______________________________	____________	___/___/_____	____________________
______________________________	____________	___/___/_____	____________________
______________________________	____________	___/___/_____	____________________
______________________________	____________	___/___/_____	____________________
______________________________	____________	___/___/_____	____________________

Interests: Please check any of the following activities or suggest any in which you or an adult member of your household (unless otherwise indicated for adult or minor) would like to participate with the Congregation:

1. ( ) Being on the Board of Directors
2. ( ) Being on a standing committee
3. ( ) Jewish education as a student (adult or minor)
4. ( ) Jewish education as a teacher
5. ( ) Helping to establish a religious school
6. ( ) Holiday organization/decorating (adult or minor)
7. ( ) Lay leadership in services
8. ( ) Fundraising
9. ( ) Jewish cooking (adult or minor)
10. ( ) Arts and crafts (adult or minor) ______________________
11. ( ) Music (adult or minor) __________________________
12. ( ) Choir/singing (adult or minor) _______________________
13. ( ) Establishing and participating in a Newsletter
14. ( ) Entertainment (adult or minor) ______________________
15. ( ) Youth programs (adult or minor) _____________________
16. ( ) Suggestion: ______________________________________
17. ( ) Suggestion: ______________________________________
18. ( ) Suggestion: ______________________________________

Membership fee for any category of couple or family (i.e. couple with children)-	**$600.00**
Membership fee for any category of single person or single parent except seniors-	**$400.00**
Membership fee for any category of single senior person (age 65 or older)-	**$300.00**

Payment Agreement

By signing this Application for Membership, I/we, collectively and individually agree to pay the amount indicated above in full by September 1, 2025 or in accordance with the following schedule:

The 1st one third (1/3) owed shall be paid on or before 09/1/2026.
The 2nd one third (1/3) owed shall be paid on or before 12/1/2026.
The 3rd one-third (1/3) owed shall be paid on or before 03/1/2027.

Notwithstanding the above payment provisions, I/we understand that I/we may pay the membership dues on a monthly, bi-monthly, or quarterly basis, or at specified intervals, if I/we have a written payment plan approved by the Treasurer of the Congregation or his/her designee.

I/We further understand that if I'm/we're signing this Application for Membership after September 1, 2025, and not making full payment, a written payment plan will need to be approved by the Treasurer of the Congregation or his/her designee.

All applicants must sign and date below where indicated. A husband and wife or partners in a long-term commitment must jointly sign for a Couple Membership or a Family Membership. These two types of memberships are only available to co-applicants who live within the same household.

Signature _____ **Date** _____

Signature _____ **Date** _____