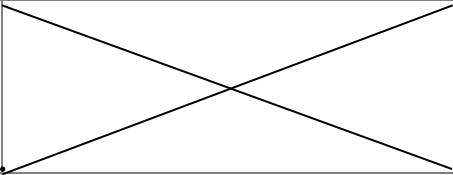


**TEMPLE BETH ELOHIM  
NEW MEMBER APPLICATION  
2026 - 2027**

Name-Adult 1		
Date of birth:	Email:	
Current address:		
City:	State:	ZIP Code:
Phone: (H)	Phone: (C)	Phone: (W)
Name-Adult 2 (If applicable)		
Date of birth:	E-mail:	
Phone: (C)	Phone: (W)	Anniversary:
<b>CHILDREN UNDER 18</b>		
Name(s):	Age(s):	
<b>DONATIONS</b>		
I (we) would like to enclose a donation in the amount of \$		
<input type="checkbox"/> General Fund	<input type="checkbox"/> Security \$160	
<b>Yahrzeit</b> (use back of sheet for additional names)		
Name(s) of Deceased	Relationship to You	Date of Death
<b>DUES</b>		
<input type="checkbox"/> <b>\$775 FAMILY MEMBERSHIP</b> Two adult household with or without dependent children.	<input type="checkbox"/> <b>\$550 SINGLE MEMBERSHIP</b> One adult with or without dependent children; one adult in an interfaith household, if desired.	
<input type="checkbox"/> <b>\$475* FAMILY</b> <input type="checkbox"/> <b>\$350* SINGLE ASSOCIATE MEMBERSHIP</b> Member retains a current full membership in another temple (documentation required).	<input type="checkbox"/> <b>\$75 FRIENDS OF TBE</b> Friends of TBE are <u>non-Jewish</u> community members who wish to support our congregation. They will receive member pricing at temple functions.	
		<b>TOTAL DUES &amp; DONATION(S)</b> \$
<b>SIGNATURES</b>		
Signature of Adult 1:		Date:
Signature of Adult 2 (only for a joint membership):		Date:

If you did not pay on-line, make your check payable to Temple Beth Elohim and mail it with your Membership Application to:  
 Temple Beth Elohim, Attn: Michele Bennett, Treasurer  
 PO Box 571 Georgetown, SC 29442