**Welcome to Congregation Beit Tikvah!**

Each member of Beit Tikvah brings individual talents and needs to our community that makes our congregation unique. We look forward to continuing the trend of innovation and growth. Beit Tikvah is a participatory congregation and naturally that means we always ask for *your* involvement. This starts with membership, but also includes joining a committee, organizing an event, and taking on routine critical tasks like sending out Yahrzeit reminders, sponsoring a Kiddush, helping with member communications or leading a service.

Membership dues do not cover the full cost of maintaining our congregation, but they do provide a foundation which is supported by other fundraising activities. The fair share contribution we request is 2% of your gross annual income with a minimum of $600 and a maximum of $2500. You will never be asked for your financial records because we trust you. For our part, if you need assistance in paying the minimum dues, please contact us at [info@beittikvah.org](mailto:info@beittikvah.org) to request a confidential conversation with one of our co-Presidents.

We would like to get to know you, so please complete the pages that follow and email to [info@beittikvah.org](mailto:info@beittikvah.org) or mail to Congregation Beit Tikvah, 5802 Roland Avenue, Baltimore, MD 21210-1310. While our fiscal year begins on July 1, we have many options available for paying your dues pledge.

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| --- | --- |
| Gross (Pre-Tax) Annual Household Income | Fair-share Annual Dues – 2% of Gross Household Income |
| Up to $30,000 | $600 |
| $50,000 | $1,000 |
| $75,000 | $1,500 |
| $100,000 | $2,000 |
| $135,000 | $2,700 |
| $175,000 | $3,500 |
| $200,000 | $4,000 |

I/We agree to make the following contribution to support our community:

Total Annual Dues Pledged: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

Please check **one** of the following boxes:

**Payment by check:**

* Annual payment enclosed.
* Monthly payment enclosed.
* Quarterly payment enclosed.
* Semi-annual payment enclosed.

***NEW MEMBER INFORMATION***

**First and Last Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Jewish? Yes/No**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Preferred phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Circle type: Home Mobile Work**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Who from your family will be members with you? We welcome both Jewish and non-Jewish family members.**

1. **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Jewish? Yes/No**

**Relationship**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Jewish? Yes/No**

**Relationship**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Jewish? Yes/No**

**Relationship**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Jewish? Yes/No**

**Relationship**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional email addresses for our congregation communications:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Would you be interested in enrolling any children into our pre-school or primary age programs? We can have someone contact you.** Yes / No / Not applicable

**Is there anything you would like us to know about you? Do you have any special skills or talents that you’d be willing to contribute to the Beit Tikvah community? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**CONGREGATION BEIT TIKVAH YAHRZEIT INFORMATION FORM**

It’s a Jewish custom to commemorate the anniversary (or yahrzeit,) of a loved one's death by lighting a memorial candle at home and if possible by reciting the “Mourner's Kaddish” in one’s synagogue community. The special candle is lit on the evening that a yahrzeit begins and continues to shed light for twenty-four hours. Yahrzeit candles are available in Jewish bookstores and in many supermarkets.

In our synagogue, on the Shabbat before a yahrzeit observance, you may share the name of your loved one with our community at the conclusion of services. If you are able to attend, we encourage you to join in reciting Mourner's Kaddish. While Mourner’s Kaddish is recited in memory of the departed, it contains no reference to death. Rather, we recite it as affirmation of our faith in the worthwhileness of each life and our commitment to Jewish values and traditions.

In addition, at yahrzeit it is customary to contribute to an appropriate charity in memory of a loved one. At Congregation Beit Tikvah we have a lovely custom of sponsoring an Oneg or Kiddush in remembrance.

Who is filling out this form? (If we have any questions) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Your Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- |
| Name of Person Being Remembered | Relationship | To which member? | Hebrew or Gregorian Calendar Date (circle one) | | |
| Name of Month | Day | Year |
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