



Join our community!

Congregation Emanu El



**For over 125 years,
Congregation Emanu El has
been the center of Judaism in
the San Bernardino area.**

Membership means...

Making real face-to-face connections

Supporting Jewish education for all ages

Having a voice in our future

Finding friends who share your interests

Sharing the happiest moments of your life

Being supported through your challenges

Be a part of it all!

We offer programs and groups for people of all ages and all viewpoints. As a part of the congregation, you could enjoy participating in...

Innovative adult education programming

Sisterhood programs open to people of all genders

Our groups for teens and young adults

Monthly programs for seniors

Outreach to the wider community

Special events offered to bring people together

Volunteering at our School for Jewish Living





Welcome to Congregation Emanu El! Membership is open to all Jews and to those who are undergoing an approved conversion program. We ask you to be as generous as possible, to allow us to continue our practice of **never turning away anyone for financial need**. Membership amounts are set to allow each member the honor of paying their fair share. Please check the box below that corresponds to your family's dues level. Please let us know if the cost of membership is hard for your family to bear. **You will not be turned away.** Any information you provide about your finances is completely confidential and is used to help our office plan our budgets for the coming year.

Member Family Name: _____ Today's Date: _____

Minimum Membership Levels:

- \$2,750 *For families with at least two adults at home, and with dependent children*
- \$2,000 *For families with at least two adults at home, but without dependent children*

- \$1,800 *For families with only one adult at home, and with dependent children*
- \$1,400 *For families with only one adult at home, but without dependent children*

- \$ 900 *For families who are retired or on fixed incomes*
- \$ 540 *For families who wish to enroll their children in our school
(first year of membership only)*

- \$ 72 *For students at our local colleges and universities*

- Mitzvah Level, \$7,500+ *Recommended for families who have been blessed financially*
- Shalom Level, \$5,000 *Allows the Congregation to support one family in need*
- Chai Level, \$3,600 *Supports Congregational events and programming*

- I would like to discuss an alternate arrangement due to financial hardship.



Congregation Emanu El

MEMBERSHIP INFORMATION

Welcome to Congregation Emanu El! Please help us keep our records current by adding the information below. We use it to help provide better services. It is our tradition to recognize members' birthdays and anniversaries in our monthly bulletin, and to send yahrzeit reminder notices to you in the mail. All information is voluntary, confidential and kept in a secure file cabinet. If additional space is needed any place on this form, please attach additional pages to complete your response(s). Please return this form to the office at your earliest convenience.

How did you find out about Congregation Emanu El? _____

MEMBER A:

Last Name: _____ First Name: _____ Middle Name: _____

Hebrew Name (if known) _____

Birthday ____/____/____ Place of Birth: _____ Anniversary: _____

Home Address: _____

City/State/ZIP: _____ E-mail Address: _____

Cell Phone: _____ Land Line Phone: _____

Occupation: _____ Retired

Business Address: _____ Phone: _____

Were you born Jewish? Yes I am a Jew by Choice I am not Jewish

How were you raised? Reform Conservative Orthodox Non-Jewish Non-Religious

To what other synagogue(s) have you belonged? _____

Would you be interested in more information about pre-need planning at the Home of Eternity Cemetery? Yes No

Check this box if you don't want your address, phone and e-mail in our community directory.

MEMBER B:

Last Name: _____ First Name: _____ Middle Name: _____

Hebrew Name (if known) _____

Birthday ____/____/____ Place of Birth: _____ Anniversary: _____

Home Address: _____

City/State/ZIP: _____ E-mail Address: _____

Cell Phone: _____ Land Line Phone: _____

Occupation: _____ Retired

Business Address: _____ Phone: _____

Were you born Jewish? Yes I am a Jew by Choice I am not Jewish

How were you raised? Reform Conservative Orthodox Non-Jewish Non-Religious

To what other synagogue(s) have you belonged? _____

Would you be interested in more information about pre-need planning at the Home of Eternity Cemetery? Yes No

Check this box if you don't want your address, phone and e-mail in our community directory.

OTHER DEPENDENT MEMBERS OF YOUR FAMILY:

Name: _____ Gender: _____

Birthday ____/____/____ Place of Birth: _____

If student, name of school? _____ Will they be attending religious school? Y N

Name: _____ Gender: _____

Birthday ____/____/____ Place of Birth: _____

If student, name of school? _____ Will they be attending religious school? Y N

Name: _____ Gender: _____

Birthday ____/____/____ Place of Birth: _____

If student, name of school? _____ Will they be attending religious school? Y N

Yahrzeits:

Name: _____ Relationship: _____

Date of yahrzeit ____/____/____ If known, date of yahrzeit in Hebrew calendar: ____/____/____

Which member observes this yahrzeit? _____

Name: _____ Relationship: _____

Date of yahrzeit ____/____/____ If known, date of yahrzeit in Hebrew calendar: ____/____/____

Which member observes this yahrzeit? _____

Name: _____ Relationship: _____

Date of yahrzeit ____/____/____ If known, date of yahrzeit in Hebrew calendar: ____/____/____

Which member observes this yahrzeit? _____

OTHER FAMILY MEMBERS:

If there are other adult children in your family, please list them here.

Note: only dependent children will be part of your membership.

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Is there anything else you would like us to know? (Continue on back if necessary)



Congregation Emanu El

CONFIDENTIAL FINANCIAL ARRANGEMENTS

At Congregation Emanu El, we never turn away a member for financial need.

This form is to be filled out with our new member and an officer of the Congregation, in a private setting. It will be used to help our Finance Committee approve appropriate dues arrangements. It will be kept in a sealed cabinet and is not to be shared beyond the officers of the Congregation.

Member Family Name: _____ Today's Date: _____

Details of financial hardship:

Have we offered counseling and support from our congregation to help our new member through this difficult time? _____

What is the best time and method to contact our new member? _____

When may we contact our new member again to see if things have improved? _____

Proposed Annual Dues: _____

Reviewed by: _____

Automated Payment of Dues (optional)
A NEW FORM IS REQUIRED EACH YEAR

For automated withdrawal of dues from CHECKING ACCOUNT —

I hereby authorize payment to Congregation Emanu El, Redlands of my monthly dues for the period July 1, 2022 – June 30, 2023 in the amount of \$_____ per month from my checking account. I understand that the money will be debited from my account on or near **the 10th of each month.** (*Divide Pledge by 11*)

_____ (signature)

_____ (print name)

PLEASE PROVIDE THE FOLLOWING INFORMATION AND RETURN IT TO CONGREGATION EMANU EL:

Checking Account Number: _____

Bank Routing Number: _____

Name of Bank: _____

PLEASE BE SURE TO INCLUDE A VOID CHECK WITH THIS FORM.

For automated payment of dues by CREDIT CARD —

I hereby authorize payment to Congregation Emanu El, Redlands, of my monthly/quarterly (*circle one*) dues for the period July 1, 2022 to June 30, 2023 in the amount \$_____ per month/quarter (*circle one*) by charging my credit card. (*Divide pledge by number of months or quarters to calculate payment.*)

Visa or Mastercard or American Express account (*circle one*)

- - - - which expires on ____ (month)/ ____ (year)

3 digit security code from reverse of card: _____

_____ (signature)

_____ (name in block letters as it appears on card).

Credit card charges are made on or near the **10th day of the month/quarter.**

PLEASE NOTE: Congregation Emanu El incurs fees for credit card transactions. Should you choose to pay your dues by credit card rather than by bank debit or check, please consider increasing your payment by 3.1% to help defray the cost of these processing fees to the Temple. Information contained on this form will be kept confidential and maintained in a secure location accessible only by authorized personnel.

Please return to: **Congregation Emanu El, 1495 Ford Street, Redlands, CA 92373**
Phone: (909) 307-0400 E-mail: templeadmin@emanuelsb.org