

Membership Application 2024 – 2025

Welcome to Central Oregon's friendliest Jewish Reform congregation!

Member Information:					
Member 1	Memb	er 2			
Street	City		State	Zip:	
Is Central Oregon your primary residence	ce? Yes	No	_		
Home phone	_ Home	phone			
Email 1	Email 2	2			
Cell 1	Cell 2				
May we send you occasional texts in sp	ecial group text?	Yes N	o		
May we use photos of you taken at TBT	events on our private	e Facebook	page? Yes	s No	
May we use photos of your children at 7	TBT events on our pri	vate Facebo	ok page? `	Yes No	NA _
On Facebook? Provide your Facebook "friend" you and give you access to TB			cebook adı	ministrator will	
Member 1 FB username	Memb	er 2 FB user	name		
I prefer to "opt out" of TBT's Facebook	group:	(please	initial)		
Dates to celebrate. Provide your special newsletter: Wedding Anniversary (M/D/Y) Birthdays					•
Member 1	Month	/Day/Year _			
Member 2		/Day/Year _ /Day/Year _			
Dependent 1		/Day/Year _ /Day/Year _			
Dependent 2		/Day/Year _ /Day/Year _			
Dependent 3		/Day/Year _ /Day/Year _			
I prefer to "opt out" of sharing special of					
Yahrzeit, is observed each year at Shab they are related, i.e. Jane's Mother. If you at treasurer@bethtikvahbend.org.		-			
Name 1	_ Date of death	Rela	ationship_		_
Name 2	_ Date of death	Rela	ationship_		_
Name 3	_ Date of death	Rela	ationship_		_
Name 4	_ Date of death	Rel	ationship_		_



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Your Membership Contribution:

We maintain our commitment to the value that finances should never be a barrier to your participation in our congregation. If you are unable to contribute at the Sustaining Level, please enter an amount that fits your financial circumstances. If you have any questions, contact our Treasurer at Treasurer@bethtikvahbend.org. Your financial information is kept strictly confidential.

Treasurer at Treasurer & Detritikvan Derid. Org. Tour Imancial information is kept strictly confidential.
Please select your contribution amount:
Sustaining - The foundation of our community, Sustaining contributions are critical to ensuring our community continues to thrive and celebrate together in the year to come. [] \$1218 per year
L'Chaim - Symbolizing life and vitality, L'Chaim contributions are a commitment to ensuring the continued growth and flourishing of our congregation in the years ahead. [] \$1818 per year
Future - Recognizing the mitzvah of passing Torah down to the next generation, Future contributions provide substantial support to ensure a lasting legacy for future generations of our congregation. [] \$2418 per year
Please enter your annual pledge amount, If other than the suggested levels: \$
In addition to the level selected, I would like to add \$
Total Annual Membership Pledge 2024 - 2025 \$
Planned Payment Schedule One-time Semi-Annual Quarterly Monthly
Which payment method do you plan to use?
Pay by check: make checks payable to Temple Beth Tikvah and mail your completed application to: Temple Beth Tikvah, P.O. Box 7472, Bend, OR 97708-7472
Pay by credit card: click link below or go to TBT website https://bethtikvahbend.org/join/ and click on "Donate" button at the bottom.
Please set up your payments to be paid at the appropriate time. We do not routinely send out statements.
Phone inquiries or messages to: (541) 388-8826
E-mail inquiries and correspondence to: shalom@bethtikvahbend.org
Temple Beth Tikyah's website: https://bethtikyahbend.org



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What's the best way to become part of the TBT community? Attend services and events. Sit on committees. Get involved. Working together is the best way to create shared experiences that lead to friendships and good times.

Please print and have the following two-page survey completed by each adult family member.

Select top <u>three</u> reasons why you joined TBT:	
 Attend Shabbat services Attend High Holy Days services Find spiritual fulfillment Socialize with other Jewish people Engage in adult Jewish learning Connect with Rabbi Expose my child to Jewish peers and traditions 	 Access religious school and bar/bat mitzvah training Engage in social action and community service Access support for birth-to-death lifecycle events Other:
How do you enjoy spending your free time? Selec	ct as many as you like.
 Skiing Snowboarding Camping Bicycling Fishing Watching Movies Reading & discussing books Hiking / Walking Yoga / Pilates / Exercise 	 Listening to Music Playing Mahjong Playing Bridge Playing Board Games Golf Knitting or quilting Chasing my kids/schlepping them to activities Other:
What skills or experiences do you have that you of special to offer. Think about your experience and worganizing, cooking, baking, music, fundraising, find expertise in a specific subject or simply a passion yideas you contribute.	what you enjoy, for example — administration, nance, event planning. Whether you have



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As a small congregation, we rely on our members to help us run our operation. Even a small commitment of your time and skills can provide a significant benefit – for you and the community.

Please indicate the areas in which you can volunte	er (check as many as apply).
O Ritual /Services	O Communications: Marketing/
O Jewish Holidays	PR/Newsletter
Music (esp at Services)	Member Engagement
O Social Action	O Sunday School
Fundraising	O Hebrew School
○ Finance	O Security
	Other:
If you joined us for High Holy Days or another event, to	ell us what vou enioved:
, oa jeniea ao .ogo., 2 eye e. aneane. e en., e	on as masyes engayes.
Have you previously belonged to a Jewish congregation	on? Yes No
Congregation name	
0: 40:	
City / State	
Affiliation (Reform, Orthodox, etc)	
Your Name	
email	
Phone	