

**Congregation Anshai Emeth**  
**5614 N. University Street**  
**Peoria, IL 61614**

**MEMBERSHIP APPLICATION**

Application date \_\_\_\_\_

Welcome to Congregation Anshai Emeth. We are delighted that you have chosen to become part of our community. We hope that you will find membership an enriching experience, and we encourage you to explore the diverse opportunities for Jewish expression that Congregation Anshai Emeth offers.

Please call our office at **309-691-3323** if you have any questions. If you would like to speak to our rabbi, Rabbi Feinberg, please feel free to contact him at 330-962-0362. **All information in this application is private and will be treated confidentially.**

	Adult Member 1	Adult Member 2
Full Name		
Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other _____	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other _____
Preferred name to appear on Temple Mailings		
Gender/Preferred Pronoun		
Relationship Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partnered Anniversary _____	<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other _____
Home Address		
City, State, Zip		
Home Phone/Cell Phone		
Work Phone/Fax		
Email Address		
Religious Background	<input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Secular <input type="checkbox"/> None <input type="checkbox"/> Non-Jewish (please indicate religion practiced, if any) _____ <input type="checkbox"/> Jew-by-Choice (year of conversion) _____ <input type="checkbox"/> Date of Bar/Bat Mitzvah _____ <input type="checkbox"/> Year Confirmed _____	<input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Secular <input type="checkbox"/> None <input type="checkbox"/> Non-Jewish (please indicate religion practiced, if any) _____ <input type="checkbox"/> Jew-by-Choice (year of conversion) _____ <input type="checkbox"/> Date of Bar/Bat Mitzvah _____ <input type="checkbox"/> Year Confirmed _____
Child 1 Name		
Child 2 Name		
Child 3 Name		
Child 4 Name		

**Applicant 1**

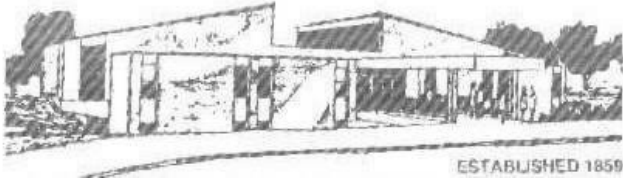
I, \_\_\_\_\_, am applying to become a member of Congregation Anshai Emeth.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Applicant 2**

I, \_\_\_\_\_, am applying to become a member of Congregation Anshai Emeth.

Signature \_\_\_\_\_ Date \_\_\_\_\_



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### MEMBER INFORMATION

	Adult Member 1	Adult Member 2
Full Name		
Prior Congregation		
Hebrew Name		
Date of Birth		
Occupation		
Food restrictions/preferences		
Special Accommodations needed	<input type="checkbox"/> Visual impairment (large print prayer book) <input type="checkbox"/> Auditory impairment (assisted hearing devices) <input type="checkbox"/> Physically challenged <input type="checkbox"/> Other _____	<input type="checkbox"/> Visual impairment (large print prayer book) <input type="checkbox"/> Auditory impairment (assisted hearing devices) <input type="checkbox"/> Physically challenged <input type="checkbox"/> Other _____

--Once a year at Congregation Anshai Emeth we honor our congregant veterans. Please let us know if someone in your family has served in any branch of the military \_\_\_\_\_

Name and Branch of Service

### CHILDREN

Include grown children	Child 1	Child 2	Child 3	Child 4
Name				
Gender/Preferred Pronoun				
Hebrew name (if known/if any)				
Date of Birth				
Is this child being raised in the Jewish faith?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Plan to Attend Religious School	<input type="checkbox"/> Yes <input type="checkbox"/> No Grade _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Grade _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Grade _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Grade _____
Plan to Attend Hebrew School	<input type="checkbox"/> Yes <input type="checkbox"/> No Grade _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Grade _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Grade _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Grade _____
Bar/Bat Mitzvah: Date, Congregation, City				
Confirmation: Date, Congregation, City				
If previously attended Religious School, list years, Congregation and City				

If you have more than four children, please attach an additional page.

**Yahrzeit Information**

Name of Deceased	Member to be notified	Relationship	Date of Death

Please attach a separate sheet for additional names.

*You will receive notification of the Yahrzeit if your loved one is either listed in the Book of Life or has a Memorial Plaque at Congregation Anshai Emeth. Request information on Book of Life or Memorial Plaque at 309-691-3323*

**Opportunities for Participation**

At Congregation Anshai Emeth, we encourage members to become involved in our congregational community. Please check the box(es) of those activities and/or committees in which you would like to participate. Please indicate which family member is interested in each committee or activity!

**Your participation will help strengthen the community and will make your temple experience more meaningful.**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Adult Learning             | <input type="checkbox"/> Choir                   | <input type="checkbox"/> Religious Services & Ritual      |
| <input type="checkbox"/> Assisting with Office Work | <input type="checkbox"/> Fund Raising            | <input type="checkbox"/> Rummage Sale                     |
| <input type="checkbox"/> Budget and Finance         | <input type="checkbox"/> House & Furnishing      | <input type="checkbox"/> Social Action & Mitzvah Projects |
| <input type="checkbox"/> Bulletin Writing, Editing  | <input type="checkbox"/> Onegs & Shabbat Dinners | <input type="checkbox"/> Technology                       |
| <input type="checkbox"/> Caring Committee           | <input type="checkbox"/> Outreach                | <input type="checkbox"/> Web Site                         |
| <input type="checkbox"/> Cemetery                   | <input type="checkbox"/> Religious School        | <input type="checkbox"/> Youth Group/Programming          |

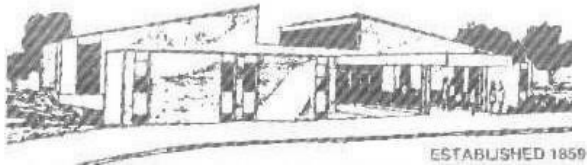
**Talent and Interest Survey**

- |                                  |   |  |                                       |
|----------------------------------|---|--|---------------------------------------|
| <input type="checkbox"/> Art     | <input type="checkbox"/> Gardening            | <input type="checkbox"/> Music           | <input type="checkbox"/> Tutor Hebrew |
| <input type="checkbox"/> Baking  | <input type="checkbox"/> Israeli Dance        | <input type="checkbox"/> Read from Torah | <input type="checkbox"/> Other _____  |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Lead Worship Service | <input type="checkbox"/> Travel          |                                       |

What are your passions and interests?

**Unless the Temple office is notified otherwise, The Bulletin and most communications except financial commitment statements will be sent by email.**

- Please do not publish my/our email address(es) in the Temple Yearbook (Directory)
- Please do not publish my/our Phone number(s) in the Temple Yearbook (Directory)



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## **FINANCIAL COMMITMENT**

*They shall not appear before the Eternal empty-handed, but each with his own gift, according to the blessing that the Eternal your God has bestowed upon you.*  
*Deuteronomy 16:16-17*

- Congregation Anshai Emeth follows the “Fair Share” policy of the Union for Reform Judaism. **No prospective or current member is denied membership because of financial hardship.** Please contact the Temple President or chair of the Finance Committee if you have questions about your financial commitment.
- Our Fair Share Financial Commitment Plan is based upon self-assessment, whereby each member pays dues in accordance with his or her financial ability. A guide is provided for your convenience.
- The membership (fiscal) year is July 1st through June 30<sup>st</sup>. You will be billed quarterly.
- A one-time Building Fund pledge of \$750 is a requirement for membership. If requested, arrangements may be made to pay this pledge over a period not to exceed five years from the date of membership.
- Please include first dues and building fund payment with your application.

## **PLEDGE AND AGREEMENT**

- My Yearly Fair Share Commitment is \$\_\_\_\_\_.
- I agree to pay all annual membership commitments and applicable fees.
- I agree to pay the Building Fund of \$750 per the following schedule:

Single payment

Equal payments over  2 years  3 years  4 years  5 years

Beginning year 1  Beginning year 2

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

## Fair Share Financial Commitment Guidelines

<b>Gross Family Income</b>	<b>Current Annual Fair Share Financial Commitment</b>
\$35,000	\$541
\$40,000	\$649
\$45,000	\$729
\$50,000	\$812
\$55,000	\$892
\$60,000	\$973
\$65,000	\$1,055
\$70,000	\$1,146
\$75,000	\$1,228
\$80,000	\$1,310
\$85,000	\$1,638
\$90,000	\$1,966
\$100,000	\$2,205
\$110,000	\$2,426
\$120,000	\$2,646
\$130,000	\$2,867
\$140,000	\$3,087
\$150,000	\$3,339
\$160,000	\$3,562
\$170,000	\$3,784
\$180,000	\$4,000