



Temple Covenant of Peace

WARM Folks, Cool Shul!

1451 NORTHAMPTON STREET • EASTON • PENNSYLVANIA • 18042
610-253-2031 • Fax 610-253-8896 e-mail: tcp@rcn.com www.tcopeace.org

Membership Application Date: _____

We are delighted at your interest in joining Temple Covenant of Peace, affectionately known as TCP. TCP is home to those who don't fit the 'cookie-cutter.' We are affiliated with the Reform movement and our approach to God embraces an ever evolving creative aspect. Our members are diverse – in Jewish background, age, economic situation, political outlook, and sexual and gender orientation – but are united by our love of Torah, Judaism and the arts. **We value every member and prospective member, and we never turn anyone away for lack of ability to pay.**

Adult 1: Name

Last: First: MI:

Marital status: Married Partnered Engaged Single Widowed If Married, Date of Marriage:

Date of Birth: Hebrew name (if you have one):

Street:

City/State/ZIP:

Home Phone: Mobile:

Email Address:

Adult 2: Name

Last: First: MI:

Marital status: Married Partnered Engaged Single Widowed If Married, Date of Marriage:

Date of Birth: Hebrew name (if you have one):

Street:

City/State/ZIP:

Home Phone: Mobile:

E-mail Address 1: E-mail Address 2:

Child 1 (if applicable)

Last: First: MI:

Child lives with: Both Parents Mother Father Other

Date of Birth: Bar/Bat Mitzvah Yes No Date:

Hebrew Name: School Name: Grade:

Child 2: (if applicable)

Last: First: MI:

Child lives with: Both Parents Mother Father Other

Date of Birth: Bar/Bat Mitzvah Yes No Date:

Hebrew Name: School Name: Grade:

Child 3: (if applicable)

Last: First: MI:

Child lives with: Both Parents Mother Father Other

Date of Birth: Bar/Bat Mitzvah Yes No Date:

Hebrew Name: School Name: Grade:

Will your child(ren) be attending our religious school? Yes No

Tell Us About Your Household

How did you hear about TCP?

If you are new to the area, where did you live previously?

If you previously belonged to another synagogue, which one?

It is the custom at TCP to read the names of loved ones who are no longer with us on the anniversary of their passing. You will be notified in advance of the date of your loved ones' yahrzeits. Notify me by e-mail Notify me by letter

	Name of Deceased	Relationship	Date of death
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>	<input type="text"/>

Yahrzeit observance preference: English date? Hebrew date?

What Do You Want From TCP?

What do you most hope to get from synagogue membership? (Shabbat meals with fellow congregants? Adult learning? Religious school? Playmates for your kids? A great challah recipe? You name it.)

TCP is a participatory congregation. If you feel comfortable, will you tell us what the adults in the household do for a living, so we know what skills you might possess that the congregation needs?

Professions: Adult 1: Adult 2:

What do you most hope to contribute to your synagogue? (Planning and carrying out activities? Teaching? Planning our future?)

What are your interests?

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Sisterhood/ Men’s Club | <input type="checkbox"/> Hesed – kindness in times of need | <input type="checkbox"/> Events & activities | <input type="checkbox"/> Budget & finance |
| <input type="checkbox"/> Technology / web skills | <input type="checkbox"/> Fundraising/development | <input type="checkbox"/> Religious school | <input type="checkbox"/> Shabbat greeter |
| <input type="checkbox"/> Building and grounds | <input type="checkbox"/> Youth programming | <input type="checkbox"/> Membership | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Strategic planning | <input type="checkbox"/> Social Action/Tikkun Olam | <input type="checkbox"/> Interfaith events | <input type="checkbox"/> Adult education |
| <input type="checkbox"/> 50+/Empty Nesters | <input type="checkbox"/> Spirituality/Meditation | <input type="checkbox"/> Music/Theater | <input type="checkbox"/> Ritual |

Creative Arts: (Please list :)

Hebrew Name & Status Information

TCP welcomes attendance and participation by people at all stages of their Jewish journeys. At the same time, we strive to comply with generally accepted standards of legal Jewish status as defined by the URJ and as interpreted by the Central Conference of American Rabbis. Therefore, in accordance with Reform Jewish practice, please indicate the Jewish status of the members of your family. This information will remain confidential and will be reviewed only by Rabbi Davis.

Rabbi Davis will be pleased to work with anyone in your household who is considering conversion or would like to bring their technical legal status into alignment with their existing Jewish identity. You may give this form to the office or directly to Rabbi Davis. If you have any questions about this page, or would like to discuss these questions – or any others – please feel free to get in touch with Rabbi Davis at (610)253-2031 or rebmelody@gmail.com

**A GUIDE TO YOUR FINANCIAL COMMITMENT
TO TEMPLE COVENANT OF PEACE
2016-2017**

Annual synagogue membership dues cover less than 35 percent of Temple Covenant of Peace’s operating costs. TCP nonetheless strives to keep costs low and offers abatement and payment plans. **I understand that nobody is turned away from the congregation because of inability to pay, and that if I am unable to pay full dues, I may apply for a confidential abatement by indicating below. If I apply for abatement, a member of the Finance committee will call me to arrange a reduced payment.**

If you wish to explore either of these options, please indicate on page 5, knowing that request shall remain confidential. All alternate arrangements are addressed by Temple Covenant of Peace’s Finance Committee.

Membership categories (synagogue membership includes High Holiday tickets, scholarship eligibility, and discounts on classes for which fees are charged):

DUES STRUCTURE & PAYMENT BREAKDOWN

MEMBERSHIP CATEGORY	One Payment	Two Payments	Four Payments	Eight Payment	Ten Payments**
FAMILY	*\$1700.00	\$850.00	\$425.00	\$212.50	\$170.00
SINGLE	*\$950.00	\$475.00	\$237.50	\$118.75	\$95.00
SINGLE W/CHILDREN	*\$1325.00	\$662.50	\$331.25	\$165.63	\$132.50
ASSOCIATE***	*\$950.00	\$475.00	\$237.50	\$118.75	\$95.00
SINGLE ASSOCIATE***	*\$525.00	\$262.50	\$131.25	\$65.63	\$52.50

* **This is the calculation for 2016-2017 dues only**; this does not include any unpaid balance from previous years.

** Automated Credit Card Only

*** Maintains full membership in another synagogue.

I hereby apply for membership in Temple Covenant of Peace and promise to abide by all the rules and regulations of the Congregation. I agree to pay the first year of my membership and thereafter, when the Board of Directors sets the annual dues. I also understand that if I resign my membership, I remain responsible for any outstanding debts to the Congregation, including dues incurred until the date the Congregation receives written notice of the resignation. Dues and fees are payable in advance. Please return your application & your check for the correct amount made out to Temple Covenant of Peace.

- I have enclosed full payment with application
- I have enclosed one-half one-quarter one-eighth one-tenth
- Enclosed is \$100.00.
- I would like a member of the confidential abatement committee to call me to discuss reduced dues.

Adult 1 _____
Signature Date

Adult 2 _____
Signature Date

Credit Card: Visa MasterCard

Name on card: Card number

Expiration date: CSC from back of card:

DO NOT WRITE IN THIS BOX-OFFICE USE ONLY

Yearly Dues _____ Number of Payments _____

Abatement approved: _____

Abatement committee Chair _____ Finance Committee Chair _____

Monthly Payments _____

Consent to Use of Photographic Images

I hereby grant permission to Temple Covenant of Peace and its affiliates to use any recording (sound, video and photography) from synagogue events for any purpose associated with the mission of Temple Covenant of Peace.

Signature of New Member

Annual Campaign: We recognize that TCP members have widely varying financial circumstances. However, if you are able to commit now to an annual campaign giving level, it will greatly help us in planning for the synagogue's financial stability. You will be billed for this contribution each year until you change your giving level and we will acknowledge your generosity in our monthly bulletin.

- | | |
|---|-----------------------|
| <input type="checkbox"/> \$10,000 or more | _____ \$7,500 or more |
| _____ \$5,000 or more | _____ \$2,500 or more |
| _____ \$1,000 or more | _____ \$500 or more |
| _____ Other | |