

MASTER REGISTRATION FORM

Please complete any necessary forms and return to the TBEMC office by Monday, August 25, 2014.

HIGH HOLIDAY TICKET ORDER FORM

Adults who are 18 or above require a ticket to enter the Temple. Please use this form to list only extra tickets you may require. If you are requesting United Synagogue reciprocal free tickets for relatives, please fill out the appropriate section below, and provide evidence of membership in a USCJ Synagogue.

Congregant's name: _____

Address: _____

Phone: _____ Email: _____

Tickets Requested for Relatives & Friends

Name	Relationship	Age (if under 25)	Price/ticket
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Category of individual	Ticket Fees
TBEMC Full Member	No charge
Child of member (age 18-23)	No charge
Child of member (age 24+, his/her spouse)	\$100
Parent or Grandparent of member	\$100
Other relatives of members	\$100
Associate member	\$136
Spouse of Associate member	\$136
Additional tickets for Associate member	\$160
Non-member	\$225*

* Fee applicable towards dues payments if non-member joins during ensuing year.

UNITED SYNAGOGUE RECIPROCITY FORM

Your family member must have their Temple fax or email a letter to TBEMC in order to receive this benefit.

Member family _____

Reciprocal tickets for (name of family) _____

Name & Address of Synagogue _____

Phone or Fax number of Synagogue _____

MASTER REGISTRATION FORM CONTINUED

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REQUEST FOR JR. CONGREGATION AND CHILD CARE FORM

Congregant name _____

(Please check proper age category)

1-7 yrs.
Babysitting

8-12 yrs.
Jr. Cong.

3 – 7 yrs. with parents
Family Service

Name of child _____

Child(ren) will be present on: Rosh Hashanah 1 _____ Rosh Hashanah 2 _____ Yom Kippur Day _____

Complimentary babysitting is available for children ages 1 – 7. Advance sign up is required. Please indicate when your child(ren) will be needing the services of a sitter. Babysitting will not be provided on Kol Nidre.

COLLEGE STUDENT REGISTRATION FORM

Congregant Name _____

Address _____

Student's Name _____ School /Year _____

School Address, including ZIP _____

E-mail address _____

ORDER YOUR LULAV & ETROG FOR SUKKOT 2014/5775

To order your lulav and etrog, please complete this form and return to the office.

Basic Grade @ \$45 per set -- Medium Grade @ \$50 per set -- Superior Grade @ \$ 55 per set

You will be notified of date and time for pickup.

Orders will be accepted no later than Sept. 19. Payment must be included with your order.

Name _____ Cell Phone _____

Basic _____ Medium _____ Superior _____ Quantity _____ Amount Enclosed _____

TBEMC

TEMPLE BETH-EL

MEKOR CHAYIM 338 WALNUT AVENUE CRANFORD, NJ 07016 908-276-9231 www.tbemc.org

Rabbi Ben Goldstein ✧ Cantor Benjamin Kintisch ✧ Allen Barkin, President

REQUEST FOR DUES ASSISTANCE 2014

Dues Assistance is for one year only. If you are billed for the full amount of dues, you will be expected to pay that amount. If you think your economic conditions require assistance you must complete this form return it to the Temple office by August 15, 2014, in an envelope addressed to Temple President, Allen Barkin. Your request will be reviewed. If you qualify for Dues Assistance you will be mailed a revised bill by September 15, 2014 which you must pay or have arrangements to pay before picking up tickets. *Even if you have spoken to the President about this issue, you must complete and return this form.* There will be no one to speak to you at ticket pickup. We do not consider Ticket Pickup to be an appropriate venue for such discussions.

Name: _____

Address: _____

Phone(s): _____ Email: _____

Please provide the following information in support of your request for a reduction in your dues:

Names and ages of people in your home: _____

Total Household Income in 2013: \$ _____

Did you receive assistance from TBEMC last year? _____

How much were you required to pay? \$ _____

We all know that Temples are expensive and not easy for anyone to pay.

With that in mind, tell us why you should receive assistance this year:

TBEMC Membership Rates for 2014-2015

Family	\$2550.00
Single	\$1430.00