



www.betheldurham.org  
 p. 919.682.1238 f. 919.682.7898  
 1004 Watts St, Durham NC 27701

## Beth El Synagogue Membership Renewal 2016-2017

**Names of Adult Household Member(s):**

<b>Prior Year Contributions (not including Annual Fund)</b>		
<b>Dues: \$</b>	<b>Extra Dues: \$</b>	<b>Talmud Torah Tuition: \$</b>
<b>Kiddush: \$0</b>	<b>Memorial Book: \$</b>	

**Membership Dues:**

Household with two adults:	\$2030	\$ _____
Household with one adult:	\$1360	\$ _____
Household with one or two adults, under age 30:	\$750	\$ _____
Full-time students:	\$100	\$ _____
Honorable Mentschen Contributor:	\$2050 - \$2299	\$ _____
Honorable Mentschen Supporter:	\$2300 - \$2549	\$ _____
Honorable Mentschen Sponsor:	\$2600 - \$2999	\$ _____
Honorable Mentschen Benefactor:	\$3000 and up	\$ _____
Other:		\$ _____

**Talmud Torah Tuition** (Please indicate your tuition on the lines next to the appropriate grade level)

	Suggested Tuition			
PreK-1 <sup>ST</sup> Grade- Sundays Only	\$475 - \$900	_____	x	_____ = _____ No. of Children
2 <sup>nd</sup> -6 <sup>th</sup> Grade- Sundays and Wednesdays	\$640 - \$1000	_____	x	_____ = _____ No. of Children
7 <sup>th</sup> Grade- Sundays and designated Fridays	\$640 - \$1000	_____	x	_____ = _____ No. of Children
<b>Total Tuition \$</b>				_____

\*\*\*Beth El's policy is to never let financial resources prevent someone from being a fully participating member of the community. If you need to discuss reduced dues or tuition please contact our Executive Director, Casey Baker at 919-682-1238 or [casey@betheldurham.org](mailto:casey@betheldurham.org), or our Financial Secretary Roy Schonberg at 919-942-8243 or [roys@nc.rr.com](mailto:roys@nc.rr.com) for a confidential and dignified conversation.\*\*\*

**See reverse side for additional information regarding contributions.**

## Additional Contributions:

Kiddush Sponsorship- (See additional form to request dates): \$136 \_\_\_ or hosting Kiddush in lieu of sponsorship \_\_\_

Men of Beth El Dues: \$18 \_\_\_

Sisterhood Dues: \$40 \_\_\_

Youth Activities Fee (contribution for Post B'nai Mitzvah program participants): \$18 \_\_\_

Memorial Book (See additional form to add names): \$ \_\_\_

Talmud Torah Fund: \$ \_\_\_

Additional Funds: \$ \_\_\_

List the specific funds for additional donations: \_\_\_\_\_

**Total Contributions (Dues, Talmud Torah, Additional Contributions):**

\$ \_\_\_\_\_

Preferred payment method (please mark the selection below):

- Auto Draft from Bank Account (See Additional Form).\*\*\*
- I will mail a check every month to Beth El based on the payment schedule below.
- Donation of Stock (please send me stock transfer information).

**\*\*\*Please remember that you need to complete the attached Auto Draft form if you wish to enroll in automatic payments for this year. You must do this even if you have previously participated in Auto Draft.\*\*\***

**Beth El Synagogue  
1004 Watts Street  
Durham, NC 27701**

### Dues & Tuition Payment Schedule

July 31 <sup>st</sup> , 2016	50% of Dues and Talmud Torah Tuition
December 30 <sup>th</sup> , 2016	100% of Dues and Talmud Torah Tuition

- Children will not be registered in the Talmud Torah unless tuition and dues are paid according to the above schedule.



**Registration Contract 2016-2017 PRE-K through 7th GRADE**

All information on BOTH SIDES of this form MUST BE COMPLETED IN FULL and submitted with the PARENT AGREEMENT/ STUDENT BRIT KAVOD by August 1, 2016. Please print clearly.

Parent 1	Parent 2
Name: _____	Name: _____
Home Address: _____ _____	Home Address: _____ _____
<i>*Please indicate which is the child's main address</i>	<i>*Please indicate which is the child's main address</i>
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Work Phone: _____	Work Phone: _____
Email Address: _____	Email Address: _____
<i>*Email is the primary means of communication for updates and notices. PLEASE PRINT CLEARLY.</i>	<i>*Email is the primary means of communication for updates and notices. PLEASE PRINT CLEARLY.</i>
Occupation: _____	Occupation: _____
Is Parent 1 Jewish, according to the Conservative movement? (Born to a Jewish mother/converted) <b>YES/NO (circle one)</b>	Is Parent 2 Jewish, according to the Conservative movement? (Born to a Jewish mother/converted) <b>YES/NO (circle one)</b>

- Do you wish for mail/electronic communications to go to both parents? **YES/NO (circle one)**.  
If no, please specify who to send communication to whom: \_\_\_\_\_

Child 1	Child 2	Child 3
Name: _____	Name: _____	Name: _____
Circle: Male/Female	Circle: Male/Female	Circle: Male/Female
Hebrew Name: _____	Hebrew Name: _____	Hebrew Name: _____
D.O.B. _____	D.O.B. _____	D.O.B. _____
Hebrew Birthdate: _____	Hebrew Birthdate: _____	Hebrew Birthdate: _____
School Attending: _____	School Attending: _____	School Attending: _____
Grade in 2016-'17: _____	Grade in 2016-'17: _____	Grade in 2016-'17: _____
Talmud Torah Grade (if different from secular school): _____	Talmud Torah Grade (if different from secular school): _____	Talmud Torah Grade (if different from secular school): _____
Previous years in Beth El TT: _____	Previous years in Beth El TT: _____	Previous years in Beth El TT: _____
Other religious/day schools attended (& for how long): _____ _____	Other religious/day schools attended (& for how long): _____ _____	Other religious/day schools attended (& for how long): _____ _____

*\*If you have more than 3 children attending Beth El Talmud Torah simultaneously, please use an additional copy of PAGE 1 to complete your registration forms.*

**Please list other children living at home:**

Name: _____	D.O.B. _____	Grade: _____
Name: _____	D.O.B. _____	Grade: _____
Name: _____	D.O.B. _____	Grade: _____

# PARENT AGREEMENT

- I will exhibit a positive attitude towards my child's Jewish education so that I may positively influence his/her learning.
- I/we take pride in my child's Jewish education and will check on his/her progress throughout the year.
- I will make an effort to attend/send my child to Family Services & programs (class services/dinners, Jr. Jr. Congregation/ Junior Congregation)
- I will make sure my child arrives at school on time and with the proper materials.
- I understand that early dismissal, late arrival and/or repeated absences are a disruption to my child's Jewish education.
- I have read and understand the student *Brit Kavod* (Behavior Contract). I have discussed this policy with my child(ren).
- I will read the Parent Handbook, the Shavuon L'Mishpachot (family newsletter) and other communications from Beth El.
- I will take responsibility to meet school tuition payments for my child(ren) and, if I have financial difficulties in doing so, will contact the synagogue Executive Director or Financial Secretary to work out a payment arrangement.

• **I DO/DO NOT (circle one) give my child permission to leave school on his or her own.**

\_\_\_\_\_ I give Beth El Synagogue permission to have my child treated in an emergency. I understand that due diligence will occur  
(initial here) in trying to contact the parent(s) during this process.

\_\_\_\_\_ I agree to withdraw my child(ren) if the school deems such withdrawal to be in the best interest of the child(ren). In that  
(initial here) instance, I would be entitled to a pro-rated refund of the tuition.

\_\_\_\_\_ I give permission for the above address, phone number and e-mail address to be used for school-parent communication,  
(initial here) including the Talmud Torah student directory. I hereby authorizes Beth El Synagogue to use the child(ren)'s portrait(s) or likeness(es) in any print or electronic/online publication related to the school (brochures, flyers, newsletters, website, etc).

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Parent/Guardian Name (please print)

\_\_\_\_\_  
 Date

**Check here if you may need some assistance coordinating a carpool. We will contact you in August with names of families who live near you/attend the same school.**



## BRIT KAVOD (STUDENT BEHAVIOR AGREEMENT)

I/We understand that every teacher has the right to teach and that every student has the right to learn. I/We agree that no one has the right to violate this rule.

I/We understand that every student helps create a positive school environment and agrees to take responsibility for the following behavior:

- ☆ To be in class on time
- ☆ To be courteous and respectful to other students and teachers, even if we don't always agree
- ☆ To always use appropriate language
- ☆ To respect school property
- ☆ To serve as a positive *dugma*, role model, in the school by demonstrating good behavior
- ☆ To be prepared for and participate in class
- ☆ To attend Talmud Torah programs
- ☆ To leave cell phones turned off and to leave all electronics (video games, iPods, etc.) at home or turned off in my backpack, unless specifically given permission by a teacher or the Education Director.

**PLEASE HAVE YOUR CHILD(REN) SIGN OR PRINT HIS/HER NAME BELOW:**

Child 1 Name: \_\_\_\_\_ Date: \_\_\_\_\_

Child 2 Name: \_\_\_\_\_ Date: \_\_\_\_\_

Child 3 Name: \_\_\_\_\_ Date: \_\_\_\_\_

# CONFIDENTIAL HEALTH/PERSONAL INFORMATION

In our effort to create a safe, effective and positive learning environment for our students and classes, please complete the following questions. This information will be kept confidential yet will be shared with the teachers. A new form is required each year for every student.

## Insurance Information:

Policy Holder: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_

Company: \_\_\_\_\_  
Policy # \_\_\_\_\_

## Physician Information:

Name of physician: \_\_\_\_\_  
Address of physician: \_\_\_\_\_

Physician's phone #: \_\_\_\_\_

## Emergency Contact (other than parents):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

In case of injury or illness of a child at school, every effort will be made to contact the parent or guardian. If and when the need for medical attention arises during my child's official participation in Beth El's Talmud Torah, I hereby grant permission for my child to be transported by private vehicle or ambulance to an appropriate medical facility and to be treated by qualified medical authorities at their discretion and that of the director/faculty of the school.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Name (please print)

\_\_\_\_\_  
Date

### Child 1

*Please contact the Education & Youth Director to discuss your child's needs in more detail*

Name: \_\_\_\_\_

Please list any prescription medicines your child takes: \_\_\_\_\_

*\*Medication the school may need to administer should be provided with accompanying instructions at the beginning of the year.*

#### Does your child have:

Allergies or sensitivities (food or environmental)? **YES/NO** please specify: \_\_\_\_\_

Medical issues? **YES/NO** please specify: \_\_\_\_\_

Learning disabilities? **YES/NO** please specify: \_\_\_\_\_

Is there any additional information with regards to learning, health or family that will be helpful for us to know as we strive to create the best possible learning environment for your child? \_\_\_\_\_

### Child 2

*Please contact the Education & Youth Director to discuss your child's needs in more detail*

Name: \_\_\_\_\_

Please list any prescription medicines your child takes: \_\_\_\_\_

*\*Medication the school may need to administer should be provided with accompanying instructions at the beginning of the year.*

#### Does your child have:

Allergies or sensitivities (food or environmental)? **YES/NO** please specify: \_\_\_\_\_

Medical issues? **YES/NO** please specify: \_\_\_\_\_

Learning disabilities? **YES/NO** please specify: \_\_\_\_\_

Is there any additional information with regards to learning, health or family that will be helpful for us to know as we strive to create the best possible learning environment for your child? \_\_\_\_\_

### Child 3

*Please contact the Education & Youth Director to discuss your child's needs in more detail*

Name: \_\_\_\_\_

Please list any prescription medicines your child takes: \_\_\_\_\_

*\*Medication the school may need to administer should be provided with accompanying instructions at the beginning of the year.*

#### Does your child have:

Allergies or sensitivities (food or environmental)? **YES/NO** please specify: \_\_\_\_\_

Medical issues? **YES/NO** please specify: \_\_\_\_\_

Learning disabilities? **YES/NO** please specify: \_\_\_\_\_

Is there any additional information with regards to learning, health or family that will be helpful for us to know as we strive to create the best possible learning environment for your child? \_\_\_\_\_

# PARENT VOLUNTEER INTERESTS

Judaism has long valued the *mitzvot* of both Talmud Torah (learning of Torah) and *g'milut chasadim* (acts of loving kindness). By volunteering for the Talmud Torah, you perform more than one mitzvah at a time! Who could ask for more? Other benefits include: helping our school fulfill its vital mission of bringing Jewish education to the next generation, making the world a better place, being involved in your community, making new friends, feeling good about yourself, being a role model for your children (and others too)...the list goes on. Throughout the year we have many activities that need additional support from parents. Every volunteer contribution, no matter how small, adds up to a huge impact for our students, staff, and community.

Below you will find a list of volunteer opportunities—**each family is expected to sign up for at least three.**

**Please check any and all areas you might be interested in helping out with/being a part of. (Please specify which parent is interested in which task).** This is not a formal commitment (dates TBD), but someone from the Talmud Torah may contact you during the year to ask for help in the following areas:

- Class Parent
- Purim Carnival
- Passover Candy Sale
- Special programming (set up/clean up)
- Other fundraisers
- Cooking for Class Shabbat Dinner(s)
- Substitute teaching (lesson plans provided)
- Summer cleaning/organizing
- Work Day (playground and school building)
- Yom Beth El
- Fundraising Brunch (shopping, cooking, etc.)
- Photographing special events or students in action
- Youth Group Field Trip driver/chaperone
- Leading High Holiday Children's services/activities/babysitting

**Do you have any special skills/talents that you would be willing to share with our students (in small or large groups):**

- Music
- Art
- Singing
- Cooking
- Drama
- Storytelling
- Dancing
- Photography
- Other

**Are there any other ways you would like to be involved in our school community? Please list those here:**

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# AUTOMATIC BANK DRAFT/CREDIT CARD AUTHORIZATION FORM FOR PREARRANGED PAYMENTS (DEBITS) FOR BETH EL DUES, TALMUD TORAH TUITION AND ADDITIONAL CONTRIBUTIONS

**Form must be submitted to the Beth El office by July 31, 2016  
We will NOT be able to accept auto-draft participants after July 31, 2016.**

This is my authorization for Beth El Synagogue to automatically debit my checking \_\_\_\_\_, savings \_\_\_\_\_ or credit/debit \_\_\_\_\_ account. I understand that this is for 10 months and that next year I will need to either reestablish this draft or pay my dues in full.

My/Our total dues pledge for 2016-2017 is \$ \_\_\_\_\_  
Talmud Torah Tuition for 2016-2017 is \$ \_\_\_\_\_  
Additional Contributions for 2016-2017 are \$ \_\_\_\_\_

Draft options are the 5<sup>th</sup> of each month or quarterly

- Please draft my account for 10 monthly payments on the 5<sup>th</sup> of the month (Aug. 2016-May 2017)  
Amount: \$ \_\_\_\_\_/month
- Please draft my account in four equal installments (Aug. 2016, Nov. 2016, Feb. 2017, May 2017)  
Amount: \$ \_\_\_\_\_/four times

*(Please attach a "voided" check for verification of account number and ABA number).*

ACH/E-Check Option  
Account number \_\_\_\_\_ Bank Transit/ABA number 053 \_\_\_\_\_  
at the \_\_\_\_\_ branch of \_\_\_\_\_  
(Branch) (Bank Name)  
in (city) \_\_\_\_\_, North Carolina.

Credit/Debit Card Option  
Credit/Debit Card number (Visa, Mastercard, Discover) \_\_\_\_\_ Security Code \_\_\_\_\_  
Billing Address \_\_\_\_\_  
Name on Credit/Debit Card \_\_\_\_\_

I understand this authorization will be in effect for the 2016-2017 fiscal year or until I notify Beth El Synagogue that I no longer desire this service, allowing it reasonable time to act on my notification. I understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account. I have the right to stop payment of a debit entry by notifying Beth El Synagogue before the account is charged. If an erroneous debit entry is charged against my account, I have the right to have the amount credited to my account within 15 calendar days (45 days after posting, whichever occurs first) provided I have given Beth El Synagogue written notification of such an event.

Date \_\_\_\_\_

\_\_\_\_\_  
Name(s) **(Please print)**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Important Note**  
Any fees incurred by Beth El due to insufficient funds will be passed on to you for payment.

Attach Voided Check Here:

# Kiddush Request 2016-2017

Chevra,

Thank you to everyone who graciously hosted or sponsored a Shabbat lunch or Holiday Oneg during the past year. Your contributions helped make these gatherings more meaningful and enjoyable for our community. One of the joys of Beth El membership is enjoying this time together - which is about so much more than noshing.

Please continue reading so that you do not miss the opportunity to select a convenient date for you to host or sponsor a kiddush next year.

The attached schedule shows open dates for which hosts are needed (Shabbatot & weekday holidays). Please note that if a date is already marked with hosts, it has been "claimed" & is not available. Like last year, this calendar includes oneg style kiddushim for weekday chagim (holidays) for which only snacks and drinks are needed. Please remember that an elaborate meal for Kiddush or Oneg is never expected nor necessary. Thank you for your generosity in helping to enhance our communal experience.

As in past years, up to six families can host a Shabbat Kiddush. Only four families are needed for a holiday oneg which falls during the week (or a larger group could host 2 days). For those who prefer to host in a smaller group, your wishes will be accommodated. If you choose the financial sponsorship option, you will receive acknowledgement as a sponsor and have no further responsibilities for the date you are assigned. However, please note that we reserve the right to use these funds on any date throughout the year as needed.

Every effort will be made to honor all requests for specific dates & groups. It is best to list at least 3 date options (ranked by preference). Please make a note if you wish your hosting to be in honor of a special event.

Here are the next steps:

- Please respond via email to [Kiddush@betheldurham.org](mailto:Kiddush@betheldurham.org) with requests for specific dates &/or co-hosts. Or complete & mail the completed form on the reverse. Confirm with others before requesting them as a co-host so you can coordinate date & group preferences. Groups do not need to send multiple responses (i.e. you may submit your request as a group with all group members copied so that each family is "in the loop").

- \* If you would rather not host, but prefer to sponsor a kiddush (making a financial commitment only), please send a donation of \$136 marked "kiddush sponsorship" to the office as soon as possible (needs to be received no later than July 31st). **IMPORTANT!!!** If we haven't received your check or your date/co-host requests by July 31st, we will need to assume you have no preferences & you will be assigned a date.

- \* Once assignments are made, we will mail the completed schedule - please watch for this later in the summer, check promptly & be sure to let the office know if you see a major problem. If you are given a date that does not work for you, you will need to find a substitute or coordinate your absence with others in your group.

- \* Please note: If you do not select the sponsorship option (\$136 payment), and you decide at a later date that you would like to have your meal catered, your group will be responsible for locating and contracting with a caterer. Please be aware that hiring a catering service will be more costly than the sponsorship option, as we are able to contract at a discounted price for our sponsored kiddushim. Please plan ahead as it can be very difficult to secure a caterer at the last minute. The least expensive and most community building option is preparing the meal as a group.

- \* You will receive a reminder approximately one month in advance of your hosting date with instructions to help you plan your meal. If your group wants to hire a catering service, this should be arranged much further in advance.

If you have any questions or concerns, please feel free to contact Executive Director, Casey Baker via email at [casey@betheldurham.org](mailto:casey@betheldurham.org) or 919-682-1238.

Most importantly, hosting is not meant to be a hardship for anyone.

A simple kiddush is rich in blessings. The community appreciates your willingness to participate in this mitzvah.



# Hosting/Sponsorship Request Form

Please complete & return this questionnaire even if you do not have a date preference.

Name: \_\_\_\_\_

1. I would prefer to host:  Shabbat kiddush or  Weekday oneg (\*4 families maximum)

2. I would prefer to sponsor a meal:  Included is donation of \$136.00

Please note that this option is only available before July 31, 2016 and we reserve the right to use these funds on any date. *If you select this option, you do not need to complete the remainder of the form.*

3. The following are my preferences for dates:  I have no preference for dates.

1st \_\_\_\_\_

2nd \_\_\_\_\_

3rd \_\_\_\_\_

4. I would like my kiddush to be in honor of: \_\_\_\_\_

5. \*I would like to host my meal with the following people (please confirm date preferences in advance & submit as a group - if you have less than \*5 co-hosts, but wish for a full group of \*6, just indicate that you'd like others assigned to your group):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. I absolutely cannot host on the following dates:

\_\_\_\_\_

7. I am new and would like to be assigned to an experienced group.  Yes  No

8. Comments: \_\_\_\_\_

PLEASE RETURN TO:

Kiddush Hosting Assignments

Beth El Synagogue

1004 Watts Street, Durham, NC 27701

OR E-MAIL YOUR RESPONSE TO: [kiddush@betheldurham.org](mailto:kiddush@betheldurham.org) by July 31, 2016

# Beth El Kiddush Hosting Schedule: August 2016-July 2017

*Please note that if a date is already marked with hosts, it has been "claimed" & is not available. Like last year, this calendar includes oneg style kiddushim for weekday chagim (holidays) for which only snacks and drinks are needed. Thank you for your generosity in helping to enhance our communal experience.*

<b>Date</b>	<b>Simcha Event/Holiday</b>	<b>Additional Notes</b>
August 6, 2016		
August 13, 2016		
August 20, 2016		
August 27, 2016	Bat Mitzvah of Devon Fischer	
September 3, 2016		
September 10, 2016	Bat Mitzvah of Avital Hirsch	
September 17, 2016		
September 24, 2016		
October 1, 2016		
October 8, 2016		
October 15, 2016		
October 17, 2016	Sukkot I	Monday AM Chag Kiddush
October 18, 2016	Sukkot II	Tuesday AM Chag Kiddush
October 22, 2016	Bar Mitzvah of Jerrod Meltzer	
October 24, 2016	Shemini Atzeret	Monday AM Chag Kiddush
October 25, 2016	Simchat Torah	Tuesday AM Chag Kiddush
October 29, 2016	Kiddush Sponsored by Gary and Abby Zarkin	
November 5, 2016		
November 12, 2016	Kiddush Sponsored by Ya'akov and Rachel Ariel	
November 19, 2016		
November 26, 2016		
December 3, 2016		
December 10, 2016		
December 17, 2016	Shabbaton Weekend	
December 24, 2016		
December 31, 2016		
January 7, 2017		
January 14, 2017		
January 21, 2017		
January 28, 2017	Scholar in Residence Shabbat	
February 4, 2017		
February 11, 2017	Bat Mitzvah of Talia Samuel-Devaney	
February 18, 2017		
February 25, 2017		
March 4, 2017		
March 11, 2017		
March 12, 2017	Purim	Sunday AM Chag Kiddush

<b>March 18, 2017</b>	<b>Bar Mitzvah of Robert Gross</b>	
<b>March 25, 2017</b>	<b>Gabbai Shabbat</b>	
<b>April 1, 2017</b>	<b>Bar Mitzvah of Liam Springer</b>	
<b>April 8, 2017</b>		
<b>April 11, 2017</b>	<b>Passover I</b>	<b>Tuesday AM Chag Kiddush</b>
<b>April 12, 2017</b>	<b>Passover II</b>	<b>Wednesday AM Chag Kiddush</b>
<b>April 15, 2017</b>	<b>Passover Shabbat Services</b>	
<b>April 17, 2017</b>	<b>Passover VII</b>	<b>Monday AM Chag Kiddush</b>
<b>April 18, 2017</b>	<b>Passover VIII</b>	<b>Tuesday AM Chag Kiddush</b>
<b>April 22, 2017</b>		
<b>April 29, 2017</b>		
<b>May 6, 2017</b>	<b>Bar Mitzvah of Kol Resnick</b>	
<b>May 13, 2017</b>		
<b>May 20, 2017</b>		
<b>May 27, 2017</b>		
<b>May 31, 2017</b>	<b>Shavuot I</b>	<b>Wednesday AM Chag Kiddush</b>
<b>June 1, 2017</b>	<b>Shavuot II</b>	<b>Thursday AM Chag Kiddush</b>
<b>June 3, 2017</b>		
<b>June 10, 2017</b>		
<b>June 17, 2017</b>		
<b>June 24, 2017</b>		
<b>July 1, 2017</b>		
<b>July 8, 2017</b>		
<b>July 15, 2017</b>		
<b>July 22, 2017</b>		
<b>July 29, 2017</b>		



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## YOM KIPPUR MEMORIAL BOOKLET ENTRY FORM

Dear Friends,


If you wish to have the name(s) of your beloved departed listed in our annual Yizkor memorial booklet, **please complete the form below and mail it before July 31 along with your donation to: Beth El Synagogue (Attn: Memorial Booklet) 1004 Watts Street, Durham, NC 27701.**

The Yizkor prayer specifically makes reference to a pledge of tzedakah to perpetuate the memory and ideals of our beloved departed. Any charitable offering shall be wholly voluntary in keeping with the sacred spirit of the occasion. Therefore, we do not have a schedule of mandatory fees to honor the memory of your loved ones in this booklet. Each person may respond with a contribution in accord with his or her own inner prompting and ability.

Checks should be made payable to Beth El Synagogue with "Memorial Booklet" noted in the memo line.

Please print your information below. If the names to be inscribed in the Memorial Booklet are the same as last year, you may write **SAME**.

Thank you, Michelle Shrott

<b>Remembered by:</b>
<b>In Memory of:</b>




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# Beth El Synagogue

## Volunteer Interest Form

There are many ways to get involved at Beth El - everything from baking for the High Holidays to planning a program, to serving on one of our boards. Please take your time to look over the list below, fill out this form, and send it to the Beth El office. Thank you.

Date: \_\_\_\_\_

Name(s): \_\_\_\_\_

Best phone # (s) to contact: \_\_\_\_\_

E-mail address(es): \_\_\_\_\_

Special skills & talents you would like to share: \_\_\_\_\_

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There are so many ways to get involved at Beth El! Check out this list of committees and let us know where you'd like to join in!

\_\_\_\_\_ **Chevra Kadisha** Beth El's Chevra Kadisha is charged with the responsibility of ensuring a 'proper' Jewish burial for our members as well as helping to train members of other local synagogues so that their congregations are also able to provide appropriate rituals for their members.

\_\_\_\_\_ **Community of Caring** No meetings to attend; only wonderful mitzvot to perform: occasionally providing a meal for the bereaved, ill or new parents in our community; bring community members to Beth El for services; help out those in need in a variety of ways.

\_\_\_\_\_ **Development** The Development Committee raises funds for the short and long term financial strength of the synagogue, through the Annual Fund, special appeals, and the Legacy campaign.

\_\_\_\_\_ **Greeting and Welcoming** This group is committed to creating a warm and welcoming atmosphere during Shabbat services, holidays and other important events throughout the year. Serve as an ambassador of Beth El.

\_\_\_\_\_ **House & Grounds** The House Committee oversees the maintenance of the Beth El buildings, landscaping, and upkeep of the Durham Hebrew Cemetery.

\_\_\_\_\_ **Kol Koloteinu** An alliance of Beth El members with the goal of including representation from all sexual orientations and gender identifications to promote equality, support, and full welcome inclusion in our synagogue community. Programming can be collaborated with established committees: Social Action, Synagogue Life, Lifelong Learning, Membership, etc.

\_\_\_\_\_ **Lifelong Learning** The Lifelong Learning Committee is made up of Beth El members committed to bringing a variety of Jewish learning classes and programs to the Beth El and greater Triangle Jewish communities.

\_\_\_\_\_ **Membership**                    The Membership Committee actively seeks and supports new members. This includes providing prospective members with information, facilitating their participation in events and welcoming them as they join the Beth El community. In addition, the Membership Committee promotes a sense of community among Beth El members.

\_\_\_\_\_ **Men of Beth El (MoB)**        The MoB provides synagogue men the opportunity to have fun, perform community service, and enrich the social and spiritual life at Beth El.

\_\_\_\_\_ **Ritual**                            The Ritual Committee, together with the Rabbi, determines policies regarding religious services and other ritual concerns. These include issues relating to liturgy, Gabbaim, service leadership, Torah reading, B'nai Mitzvah, and rules for Kashrut in the synagogue and in the religious school. Committee members also provide supervision to the gabbaim, service leaders and Torah readers.

\_\_\_\_\_ **Ritual Participation**        Beth El's services have a strong lay led history. Please let us know if you would like to join this cadre of service leaders, Torah readers, Gabbaim and other roles.

\_\_\_\_\_ **Sisterhood**                    The Beth El Sisterhood connects you to a group of interesting, energetic women who care about creating community at Beth El Synagogue through events, philanthropy, synagogue enhancement projects and learning.

\_\_\_\_\_ **Social Action**                The Social Action Committee provides a wide breadth of activities to allow participation in projects and programs that will positively affect the lives of others, and will at the same time build and expand the community that is Beth El.

\_\_\_\_\_ **Synagogue Life**                The Synagogue Life Committee provides special services and programming to the Beth El community. including the Beth El Member Photo Directory, organizing Chavurot, and coordinating holiday meals, the High Holiday Community Card, the Sukkot Open House tour, and the Torat Kehillateinu/Torah of the Elders.

\_\_\_\_\_ **Va'ad HaChinuch**            The Va'ad HaChinuch, also known as the Board of Education, supervises and makes policy decisions for the Talmud Torah and for Family and Youth Programming.

\_\_\_\_\_ **Young Adult Programming**    The Young Adult Programming group is responsible for planning programs for our young adult cohort. Recent events have included Shabbat dinners and a Tu B'Shvat seder at the West End Wine Bar.

Other areas of interest:

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**Please mail this form back to Beth El along with the rest of your membership packet. Beth El would not be the wonderful institution that it is without your help!**