



TEMBLE BETH OHR of LA MIRADA

15721 Rosecrans Avenue, La Mirada, CA 90638

Phone: (714) 521-6765 ☆ Email: office@tbolm.org

MEMBERSHIP APPLICATION

Please Print Clearly

Date: ____ / ____ / ____

Preferred Title:	<input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other _____	<input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other _____
First Name:		
Middle Name:		
Last Name:		
Birth Date:		
Home Phone:		
Cell Phone:		
Work Phone:		
Email: <i>(Our monthly newsletter is sent via Email)</i>		
Address, City, ST, Zip:		
If married, date of marriage:	____ / ____ / ____	

Jewish tradition in which you were raised:	<input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Reconstructionist <input type="checkbox"/> Secular	<input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Reconstructionist <input type="checkbox"/> Secular
If not raised in the Jewish tradition, are you	<input type="checkbox"/> Jewish by Choice <input type="checkbox"/> Non-religious <input type="checkbox"/> Other religion _____	<input type="checkbox"/> Jewish by Choice <input type="checkbox"/> Non-religious <input type="checkbox"/> Other religion _____
Jewish Education <i>(check all that apply)</i>	<input type="checkbox"/> Jewish Religious School <input type="checkbox"/> Bar/Bat/B'nai Mitzvah <input type="checkbox"/> Confirmation <input type="checkbox"/> Jewish Summer Camp <input type="checkbox"/> Other _____	<input type="checkbox"/> Jewish Religious School <input type="checkbox"/> Bar/Bat/B'nai Mitzvah <input type="checkbox"/> Confirmation <input type="checkbox"/> Jewish Summer Camp <input type="checkbox"/> Other _____
Temple Affiliation <i>(most recent)</i>	<u>Temple Name/Location</u>	<u>Dates of Membership</u>

	Adult 1	Adult 2
Your Hebrew Name		
Father's Hebrew Name		
Mother's Hebrew Name		

Occupation (if retired, previous occupation)	Adult 1	Adult 2
Company/Organization Name		
Are you willing to volunteer at TBO?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please list children living in your home. *Use a blank page of paper if more space is needed*

Child #1 Name: _____ Sex: M F Birth Date: ____ / ____ / ____
Last First Middle

Hebrew Name: _____ Interested In: Religious School
 Bar/Bat Mitzvah

Child #2 Name: _____ Sex: M F Birth Date: ____ / ____ / ____
Last First Middle

Hebrew Name: _____ Interested In: Religious School
 Bar/Bat Mitzvah

Do you currently have any children in college? *Use a blank page if more space is needed* Yes No

Name: _____ Birth Date: ____ / ____ / ____

College Name: _____ Year in College: 1 2 3 4

Student's Mailing Address: _____

How did you find out about TBO?	
Other information you would like us to know?	



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ANNUAL FINANCIAL COMMITMENT

Your support and generosity through your gift of membership helps ensure the continuation of Temple Beth Ohr for generations to come. L'dor—V'dor

Effective 07/01/2024 through 6/30/2025

Type of Membership		Basic Dues	Maintenance Fund	Building Fund*
A	Single Adult	\$128/mth OR \$1,536/yr	\$5/mth OR \$60/yr	\$5/mth OR \$60/yr
B	Family or Couple (2+ related adulted)	\$185/mth OR \$2,220/yr	\$10/mth OR \$120/yr	\$5/mth OR \$60/yr
C	Dual Member**	\$500/yr	\$10/mth (\$120/yr)	\$0
D	Out of Area Member**	\$500/yr	\$0	\$0

* Building Fund is a one-time assessment of \$720 and can be paid in 12 annual payments of \$60.

** Dual membership is available to those who are full dues paying members in good standing of another congregation and Out of Area membership is available to those who live greater than 40 miles from TBO. Both of these categories of membership have limited benefits which are explained on the reverse side.

The above represents a minimum financial commitment to Temple Beth Ohr. If you have any questions, please contact our Financial Secretary, Scott Zwirn, at (562) 881-3000 or dues@tbolm.org. All matters will kept in **strict** confidence.

Your Financial Commitment

Type of Membership/ Basic Monthly Dues	Maint Fund	Building Fund	Monthly Financial Commitment	Annual Financial Commitment	I would like to be billed:
	\$ <u> </u> / month			x 12	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually

TBO is a 501(c)3 organization; your membership dues may be tax deductible. Invoices are sent via email.

Name (print)

Email for Invoicing

Signature

Date

Table of Membership Types & Benefits

Effective 07/01/2024 through 6/30/2025

	Single	Family	SIGNIFICANTLY DISCOUNTED	
			Dual	Out of Area
Participate in all TBO activities (except as noted below)	Y	Y	Y	Y
High Holy Day services included (*follow URJ reciprocity guidelines)	Y	Y	N*	N
Can hold a non-executive board position	Y	Y	Y	Y
Membership voting rights (must be at least 18 years old)	Y	Y	N	N
Ability to send children/ grandchildren to TBO religious and Hebrew schools. Includes bar/bat mitzvah and confirmation services.	Y	Y	Y	N
Clergy services (in-person if local; virtual if >40 miles from TBO)	Y	Y	N	Y
Membership in a standing or ad-hoc committee	Y	Y	Y	Y
Yahrzeit and memorial listings (unless have plaque)	Y	Y	N	Y
Access to facilities at reduced rental prices	Y	Y	N	N