

Membership Packet



Temple Beth Or
3215 Lombard Avenue, Everett, WA 98201
(425) 259 - 7125
templebethor.org

Rabbi Rachel Kort
Nancy Rosen, President



3215 Lombard Avenue
Everett, Washington 98201

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www.TempleBethOr.org

Rabbi Rachel Kort

Governing Board

President:

Nancy Rosen

Past President:

Wanda Bresnick

VP of Community &
Engagement:

Jeff Napp

VP of Finance & Facilities

Management:

James Feinberg

VP of Jewish Life:

Ron Green

Assistant VP of Community
& Engagement:

Dana Sanders

Assistant VP of Finance &
Facilities Management:

Bob Goodmark

Assistant VP of Jewish Life:

Pattipeg Harjo

Secretary:

Melissa VonAschen-Cook

Members At Large:

Gwen Campbell

Rani Linarelli

Rich Spitzer

Office Administrator:

Sarah Davis

Director of Youth Education:

Stefanie Somers



Dear Prospective Temple Beth Or Member,

I am excited that you are interested in joining us! We are a delightfully small and warm congregation with about 130 households in our community. We serve Jewish families and individuals throughout the northern Puget Sound area, from Seattle to Arlington, and from Camano Island to North Bend. Our mission statement says a lot about us, who we are and what we value:

Temple Beth Or is a warm, compassionate, vibrant, spirited, inclusive and participatory Reform Jewish community. We are religiously and geographically diverse, serving the northern Puget Sound region of Washington State.

As God's covenantal partners in fulfilling mitzvot, our priorities are:

K'hilah (community)/Mishpacha (family) – nurturing our interactive, multigenerational extended family;

Torah – lifelong learning, searching for meaning, and seeking comfort and healing;

Avodah – worship and celebration through the observance of meaningful, creative and traditional rituals;

Tikkun Olam – transforming ourselves and our world through tzedakah (fairness), social justice, and g'milut chasadim (acts of loving kindness).

We use a multi-access approach to our services and programming. Most months we have three in person services (also available on Zoom) and one online service. Our Rabbi, in collaboration with our various committees, has focused on developing innovative and varied services and activities to engage and connect with the full breadth of our congregation. These have included an outdoor Rosh Hashanah festival, quarterly *Ruach* and Ritual workshops, outdoor services in our garden, and Zoom cooking lessons.

I look forward to meeting you and welcoming you to our family. Do not hesitate to reach out to me with any questions.

L'shalom,

Nancy Rosen (she/her)
President, Temple Beth Or



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Dear Prospective Member,

Shalom and thank you for your interest in Temple Beth Or. I would like to take this opportunity to tell you about how we finance our programs and services.

Our financial goals are to:

- Provide an income to the Temple adequate to meet the expenses required to achieve our goals (current average is \$1,915 per family per year to meet our Operations budget)
- Distribute the financial support justly among our members
- Ensure Temple Beth Or membership is available to all members of the Jewish community and their families, regardless of financial circumstances

As a welcoming community, we have a fair share sacred commitment policy, based on a percentage of annual income. This policy is rooted in biblical concept, "Every man shall give as he is able according to the blessing of the Eternal, thy God, which the Eternal has given thee". (*Deuteronomy 16-17*)

Membership annual pledges finance approximately 70% of our programs and services, with the remainder funded by other donations, school tuition, and small fees for various activities.

Members make two financial commitments:

1. **Annual sacred commitment pledge:** The pledge is 2% of your family household's gross annual income. For example a family with an income of \$50,000 would commit to \$1000 per year. Of course, we hope that you will consider, as some of our families do, contributing more than 2%. At the same time, we never want finances to be a barrier to membership.
2. **Capital Assessment:** Capital Assessment is spread over 5 years, 1 year break, and start the cycle again. New members join the cycle where it is at time of membership. These funds enable us to provide for the facility needs of our growing congregation.
 - A three tiered Capital Assessment Model
 - Dues of \$801 year or greater – assessment of \$500 over 5 years (\$25 per quarter)
 - Dues of \$401 - \$800 a year – assessment of \$300 over 5 years (\$15 per quarter)
 - Dues of \$400 and less a year – pay what you can - \$5 per quarter request

If your financial circumstances do not allow you to afford the minimum dues payment at this time, please note that on your membership dues commitment statement. Membership rights are never denied or restricted based on financial circumstances. Financial arrangements are strictly confidential, with financial discussions conducted through the Vice President of Finance and Facilities Management. I will be contacting you about the sacred commitment portion of your membership application. We can discuss any concerns and questions you have at that time.

Please complete the enclosed Sacred Commitment Statement and return it to me at the Temple address. Once your application is submitted, I will be contacting you as noted above. If you join after our fiscal year begins, July 1, your pledge will be prorated for the year. We bill quarterly.

We look forward to meeting you, and to your joining our vibrant community.

Sincerely,

James Feinberg

Vice President of Finance and Facilities Management



MEMBERSHIP APPLICATION

Temple Beth Or 3215 Lombard Ave. Everett, WA 98201
 (425) 259 - 7125 office@templebethor.org

We are delighted you have chosen to join Temple Beth Or. Please fill out this confidential Membership Record in full. Feel free to use the back of this form to tell us more about yourself. We look forward to having you join us!
 Please send this completed form to the email above or complete online at: tinyurl.com/tbomembershipapp

PERSONAL INFORMATION

| | | | | | |
|--|--|--|--------------------------------|--|-----------|
| Adult #1 Name: | | Jewish? <input type="checkbox"/> | Pronouns: | I would like my pronouns on my name tag <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Birthdate: ____/____/____ | | Adult #1 Hebrew Name: | | | |
| Home Address: | | | | | |
| City: | | State: | | ZIP Code: | |
| Home Phone: () - | | Cell Phone: () - | | Personal Email: | |
| Occupation: | | | Hobbies/Skills: | | |
| Business Phone: () - | | | | | |
| Adult #2 Name: | | Adult #2 Hebrew Name: | | Jewish? <input type="checkbox"/> | Pronouns: |
| Birthdate: ____/____/____ | | I would like my pronouns on my name tag <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| We have / have not made cemetery arrangements (If so please provide name and location) | | | | | |
| Cell Phone: () - | | Personal Email: | | | |
| Occupation: | | | Hobbies/Skills: | | |
| OK to publish in directory? Y N | | | Prior Congregation & Location: | | |
| OK to use photos in TBO Communications? Y N | | | | | |
| Does anyone in your family require additional accommodations (large print, seating for hearing impaired members, etc.)? | | | | | |
| If you would like to be included in our members only Facebook group, please list your name(s) below as they appear on Facebook | | | | | |

CHILDREN

| CHILD'S NAME | PRONOUNS | BIRTHDATE | GRADE | HEBREW NAME | WILL BE ENROLLING IN RELIGIOUS SCHOOL? |
|--------------|----------|----------------|-------|-------------|--|
| | | ____/____/____ | | | |
| | | ____/____/____ | | | |
| | | ____/____/____ | | | |
| | | ____/____/____ | | | |

Yahrzeits

PLEASE PROVIDE A LIST OBSERVED BY YOUR FAMILY. (MAY BE PROVIDED SEPARATELY OR ON THE BACK)

| NAME | RELATION | HEBREW DATE | ENGLISH DATE |
|------|----------|----------------|----------------|
| | | ____/____/____ | ____/____/____ |
| | | ____/____/____ | ____/____/____ |
| | | ____/____/____ | ____/____/____ |

I/We understand that as a member(s) of Temple Beth Or, there are financial commitments which will need to be arranged before approval of this application.

Signature & Date _____

Signature & Date _____

Temple Beth Or Sacred Commitment Statement



Please fill out the top section and return this entire form only to the Temple Office with payment for one quarter of your total annual commitment. Payment may be made with a check or by credit card on the Temple's website, templebethor.org/donate.

Name (s): _____

Mailing Address: _____

Telephone Number: (H) _____ (C) _____

Your annual requested sacred commitment is 2% of your total family gross income. To determine your sacred commitment, multiply your income by 0.02. For example, if your gross family income is \$50,000, then your dues commitment is $\$50,000 \times 0.02 = \$1,000$.

In addition to your sacred commitment, a Capital Assessment is assessed to provide funds for future improvements to properties owned by TBO. These funds are held in a restricted fund.

\$0 - \$400 a year in sacred commitment - no capital assessment

\$401 - \$800 a year in sacred commitment - \$300 total over 5 years - \$15 per quarter/\$60 per year

\$801 and up a year in sacred commitment - \$500 total over 5 years - \$25 per quarter/\$100 per year

My/Our Annual Commitment is: Sacred Commitment \$ _____

Capital Assessment \$ _____

Total \$ _____

Signature _____

Date: _____

DO NOT WRITE BELOW THIS LINE, TO BE COMPLETED BY THE FINANCE COMMITTEE

→ _____

Commitment Basis:

- This sacred commitment form.
- See attached letter.
- Discussed by phone call with (Finance Committee Member) _____
Date: _____

Hardship, explain:

- Additional notes on the back.

Approval:

- Approved by Finance Committee. Date: _____
- VP Finance & Facilities Management Approval: _____ Date: _____