Congregation Beth Hatikvah בית של תקווה

Forging a new Future for the Jewish Community on the Kitsap Peninsula

Rose Jordan
President

Dawn Roe
Treasurer

Bari Udell
Secretary

Julia Kendall
Board Member

Rachel Anderson
Board Member

Thank you for completing your membership to Congregation Beth Hatikvah for the 2026-27 fiscal year.

It takes all of us working together to cultivate Beth Hatikvah into the vibrant Jewish community that is reflected in our name, House of Hope. Each year, we spend about $53,000 maintaining our building as well as the programming and events that we all enjoy.

Members who are able to do so contribute more, so that we never turn away a Jew who cannot afford membership. Members who volunteer time are of equal importance to our community. We recognize that some of us might be able to pay more and others a bit less. Please choose the membership commitment category below that works best for your family and don't hesitate to contact us at admin@beth-hatikvah.com if you have any questions or concerns.

Thank you so much,
Your Beth Hatikvah Board of Trustees

Demographics Information: Please complete the following demographics information. After completing this section, you will be given the opportunity to tick a checkbox to skip to the end of this form.

Adult 1 full name and pronouns:

_____

(Example: Joe Smith, he/him)

Home street address (including city, state and zip code):

_____

_____

_____

Adult 1 email address:

_____

Adult 1 phone number:

_____

Adult 1 Hebrew name:

_____

Please include your Hebrew name, if known. For example: David ben Yosef v'Chanah, Leah bat Moshe v'Rachel, or Rivka mibeit Leah v'Rachel

Adult 1 birthday (including year, please):

_____

☐ I am a returning member and none of my information has changed, including household members, anniversaries, and yahrzeits. By checking this box, I am acknowledging that I wish to skip to the membership commitment section of this form.

Demographics (continued): If you are a new member, or a returning member whose information has changed, please complete the rest of this form below.

Adult 2 full name and pronouns:

_____

(Example: Joe Smith, he/him)

Adult 2 email address:

_____

Adult 2 phone number:

_____

Adult 2 Hebrew name:

_____

Please include your Hebrew name, if known. For example: David ben Yosef v'Chanah, Leah bat Moshe v'Rachel, or Rivka mibeit Leah v'Rachel

Adult 2 birthday (including year, please):

_____

Anniversary (including year, please):

_____

Please utilize this space if there are more than two adults in your household. You may give their names, pronouns, email addresses, phone numbers, etc.

_____

_____

_____

Children's Names and Information: Please skip this section if you do not have any children.

Child 1 full name and pronouns:

_____

(Example: Joe Smith, he/him)

Child 1 Hebrew name:

_____

Please include your Hebrew name, if known. For example: David ben Yosef v'Chanah, Leah bat Moshe v'Rachel, or Rivka mibeit Leah v'Rachel

Child 1 birthday (including year, please):

_____

Child 2 full name and pronouns:

_____

(Example: Joe Smith, he/him)

Child 2 Hebrew name:

_____

Please include your Hebrew name, if known. For example: David ben Yosef v'Chanah, Leah bat Moshe v'Rachel, or Rivka mibeit Leah v'Rachel

Child 2 birthday (including year, please):

_____

Child 3 full name and pronouns:

_____

(Example: Joe Smith, he/him)

Child 3 Hebrew name:

_____

Please include your Hebrew name, if known. For example: David ben Yosef v'Chanah, Leah bat Moshe v'Rachel, or Rivka mibeit Leah v'Rachel

Child 3 birthday (including year, please):

_____

Child 4 full name and pronouns:

_____

(Example: Joe Smith, he/him)

Child 4 Hebrew name:

_____

Please include your Hebrew name, if known. For example: David ben Yosef v'Chanah, Leah bat Moshe v'Rachel, or Rivka mibeit Leah v'Rachel

Child 4 birthday (including year, please):

_____

If you have more than 4 children, please list additional children and their information here.

_____

_____

_____

Please include the name, secular date of passing, and relationship to Adult 1 or 2. You will receive a reminder/condolence card via US mail near the secular date of each person's yahrzeit, and their name will be read on the Shabbat service closest to their yahrzeit date.

Name & Yahrzeit date (including year):

_____

Relationship to Member:

_____

Name & Yahrzeit date (including year):

_____

Relationship to Member:

_____

Name & Yahrzeit date (including year):

_____

Relationship to Member:

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Name & Yahrzeit date (including year):

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Relationship to Member:

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Name & Yahrzeit date (including year):

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Relationship to Member:

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Name & Yahrzeit date (including year):

_____

Relationship to Member:

_____

Name & Yahrzeit date (including year):

_____

Relationship to Member:

_____

Name & Yahrzeit date (including year):

_____

Relationship to Member:

_____

Please use the back of this form to list additional yahrzeits.

Please choose your membership commitment level from the options below. If you need to choose the "Best We Can Do" option, please email our treasurer at cbhtreasurer@beth-hatikvah.org for consideration for reduced commitment. All requests will be held in strict confidence. The Beth Hatikvah Board of Trustees will notify you concerning approval. Qualification for government assistance is generally required.

Please choose your membership level:

- ☐ Shomrim (Guardians) $2400
- ☐ Bonim (Builders) $1800
- ☐ Mensch (Standard Household) $1200
- ☐ Single Member Household $600
- ☐ Dual Congregation Member $600
- ☐ Student or Young Professional $300
- ☐ Best We Can Do $300

I would like to donate my time. My areas of expertise are:

_____

_____

_____

_____

_____

_____

Please utilize this section to provide any additional information you think we might need to know. This can include suggestions for events, food allergy/accessibility information, or any feedback you might have for us.

_____

_____

_____

Please return this form by August 1st.
You may mail this form and your check to:
Congregation Beth Hatikvah
1410 11th Street Bremerton, WA 98337

OR

Make a payment via Zelle to
cbhtreasurer@beth-hatikvah.org

More payment options are available on our website.