

**Beth El Temple of West Hartford**  
**2626 Albany Avenue**  
**West Hartford, CT 06117**  
[www.bethelwesthartford.org](http://www.bethelwesthartford.org)

**Membership Application**

We are very pleased you have chosen to join Beth El Temple of West Hartford, CT, which was founded in 1954. To further your full involvement in the life of the congregation, we ask that you carefully complete this application form.

	<b>Member</b>	<b>Member</b>
<b>Title:</b>	<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss
<b>First Name &amp; Initial:</b>		
<b>Last Name:</b>		
	<input type="checkbox"/> Kohen <input type="checkbox"/> Levi <input type="checkbox"/> Israelite <input type="checkbox"/> Non-Jewish	<input type="checkbox"/> Kohen <input type="checkbox"/> Levi <input type="checkbox"/> Israelite <input type="checkbox"/> Non-Jewish
<b>Marital Status:</b>	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Divorced/Remarried <input type="checkbox"/> Widowed	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Divorced/Remarried <input type="checkbox"/> Widowed
<b>Date of Birth:</b>		
<b>Wedding Anniversary:</b>	Date: _____ Place: _____	Date: _____ Place: _____
<b>Home Address:</b>		<input type="checkbox"/> Same or:
	City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
<b>Home Phone #:</b>		
<b>Cell Phone:</b>		
<b>E-Mail Address:</b>		
<b>Job Title/Occupation:</b>		
<b>Business Name:</b>		
<b>Business Address:</b>		
<b>Business Phone #:</b>		
<b>Out of Town Address:</b>	Approximate Dates _____ to _____	Approximate Dates _____ to _____
<b>Telephone:</b>		
<b>Bar/Bat Mitzvah:</b>	Date: _____	Date: _____
<b>Are you interested in serving on a committee</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Have you chanted a Haftarah?</b>	When did you last read: <input type="checkbox"/> Yes <input type="checkbox"/> No	When did you last read: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Have you read from the Torah?</b>	When did you last read: <input type="checkbox"/> Yes <input type="checkbox"/> No	When did you last read: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Hebrew Name:</b> <i>(may be transliterated)</i>	_____ Ben/Bat _____ <i>(Son of or daughter of) (Father's Name) (Mother's Name)</i>	_____ Ben/Bat _____ <i>(Son of or daughter of) (Father's Name) (Mother's Name)</i>

**How did you hear about Beth El?/Referred by:** \_\_\_\_\_

<b>Religion:</b>	<input type="checkbox"/> by birth <input type="checkbox"/> by conversion	<input type="checkbox"/> by birth <input type="checkbox"/> by conversion
<b>If by conversion please state date, place &amp; Rabbi:</b>		
<b>Mother's religion:</b>	<input type="checkbox"/> by birth <input type="checkbox"/> by conversion	<input type="checkbox"/> by birth <input type="checkbox"/> by conversion
<b>Previous or Other Synagogue Affiliation:</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes Name & Branch _____	<input type="checkbox"/> No <input type="checkbox"/> Yes Name & Branch _____
<b>Do you own a Cemetery plot?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, where?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, where?

### Yahrzeit Record

Name of Deceased	Which Member was the Deceased Related to	Deceased Relationship to Member	Hebrew Name of Deceased	English Date of Death	Hebrew Date of Death

### Dependent Children {up to age 24}

Name	Date of Birth	Gender	Address	Hebrew Name	Current Grade

<b>Billing Information (For Office Use)</b>		<b>For New Membership Only</b>	
Annual Dues _____	Family Code _____	Check Number _____	Bar/Bat Mitzvah Fee _____
Date Joined _____	Staff Initials _____	Building Fund Pledge (Payable over a 5-year period) _____	

I hereby make application for membership in Beth El Temple and agree to pay the first year's dues as stated above.

Dues to be re-evaluated \_\_\_\_\_

\_\_\_\_\_ Date

Applicant's Signature