



Beth El Temple of West Hartford
2626 Albany Avenue
West Hartford, CT 06117
860-233-9696
www.bethelwesthartford.org

MEMBERSHIP APPLICATION

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

	Member 1	Member 2
Title:	<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Rabbi	<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Rabbi
First Name & Initial:		
Last Name:		
	<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
Marital Status:	<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
Date of Birth:		
Wedding Anniversary:	Date:	Place:
Home Address:		<input type="checkbox"/> Same or:
	City: State: Zip:	City: State: Zip:
Home Phone #:		
Cell Phone:		
E-Mail Address:		
Job Title/Occupation:		
Business Name:		
Business Address:		
Business Phone #:		
Out of Town Address:	Approximate Dates _____ to _____	Approximate Dates _____ to _____
Telephone:		
Bar/Bat Mitzvah:	Date:	Date:
Have you chanted a Haftarah?	<input type="checkbox"/> Yes <input type="checkbox"/> No Interested in reading again?	<input type="checkbox"/> Yes <input type="checkbox"/> No Interested in reading again?
Have you read from the Torah?	<input type="checkbox"/> Yes <input type="checkbox"/> No Interested in reading again?	<input type="checkbox"/> Yes <input type="checkbox"/> No Interested in reading again?
Hebrew Name: <i>[English Lettering]</i>	_____	_____
	Ben/Bat _____ <i>Father's & Mother's Name</i>	Ben/Bat _____ <i>Father's & Mother's Name</i>

How did you hear about Beth El?/Referred by: _____

	Member 1	Member 2
Your Jewish Background	<input type="checkbox"/> by birth (your mother is/was Jewish) OR <input type="checkbox"/> by conversion State date, place & Rabbi _____ _____ <input type="checkbox"/> Not Jewish	<input type="checkbox"/> by birth (your mother is/was Jewish) OR <input type="checkbox"/> by conversion State date, place & Rabbi _____ _____ <input type="checkbox"/> Not Jewish
Previous or Other Synagogue Affiliation:	<input type="checkbox"/> No <input type="checkbox"/> Yes Name & Branch _____	<input type="checkbox"/> No <input type="checkbox"/> Yes Name & Branch _____
Do you own a Cemetery plot?	If yes, where? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, where? <input type="checkbox"/> No <input type="checkbox"/> Yes

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 [If known]

Dependent Children {up to age 24}

Name	Date of Birth	Gender	Address	Hebrew Name	Current Grade

Billing Information (For Office Use)	For New Membership Only
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Annual Dues _____	Family Code _____
Check Number _____	Bar/Bat Mitzvah Fee _____
Date Joined _____	Rabbi & Office 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.

Applicant's Signature Date