

MEMBERSHIP APPLICATION

Please clearly print the information requested below and return with your check payable to Beth El Temple.

Adult 1

Adult 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	
How would you like to be addressed (nickname, etc)	
Date of Birth	
Gender	
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Partnered <input type="checkbox"/> Engaged <input type="checkbox"/> Widowed	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Partnered <input type="checkbox"/> Engaged <input type="checkbox"/> Widowed
Wedding Anniversary (if applicable) Date: _____ Place: _____	
Home Address _____ _____ City: _____ State: _____ Zip: _____	
Home Phone #	
Cell Phone #	
E-Mail Address	
Job Title/Occupation	
Business Name	
Your Jewish Background (check only one option) <input type="checkbox"/> by birth (your mother is/was Jewish) <input type="checkbox"/> by conversion State date, place & Rabbi _____ If unsure, please consult with one of our rabbis for assistance. <input type="checkbox"/> Not Jewish	<input type="checkbox"/> by birth (your mother is/was Jewish) <input type="checkbox"/> by conversion State date, place & Rabbi _____ <input type="checkbox"/> Not Jewish
Bar/Bat Mitzvah (if applicable) Date: _____	Date: _____
Hebrew Name [English Lettering] _____ Ben/Bat _____ <i>Father's & Mother's Name</i>	_____ Ben/Bat _____ <i>Father's & Mother's Name</i>
Please indicate if you are <input type="checkbox"/> Kohen <input type="checkbox"/> Levi	<input type="checkbox"/> Kohen <input type="checkbox"/> Levi

Children

Name	Hebrew Name	Gender	Birthday	Current Grade	Address (if not with you)	If married, to whom?

Adult 1**Adult 2**

Previous or Other Synagogue Affiliation: No
 Yes
 Name _____

No
 Yes
 Name _____

Do you own a Cemetery plot? No Yes
 If yes, where? _____

No Yes
 If yes, where? _____

Do you want us to contact you about purchasing a plot? No Yes

No Yes

Yahrzeit Record

Name of Deceased	Hebrew Name of Deceased	Member the Deceased was Related to	Relationship to Deceased	English Date of Death	Hebrew Date of Death (if known)

How did you hear about Beth El, or who referred you?

I/We agree that Beth El Temple **may** / **may not** use photographs in electronic or print form in which my/our family may appear for publicity purposes.

I understand the Building Fund Pledge is to support the bricks and mortar of the Synagogue. Payments begin in the 2nd year of membership (or upon reaching age 35), and may be paid as a lump sum of \$1800 or \$250 per year for 10 years.

Initial Here _____

Your signature below, along with a payment of first year dues and fees or a completed membership payment form, will complete the application process for membership.

Applicant Signature

Date

For Office Use Only

First Year Dues _____

Membership Code _____

Religious School Fee _____

Date Joined _____

Bar/Bat Mitzvah Fee _____

Check Number _____

TOTAL _____

Rabbi's Initials _____

Office Staff Initials _____