

## **MEMBERSHIP APPLICATION**

YOUR NAME \_\_\_\_\_ Birth Date \_\_\_\_\_

ADDRESS \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Are you Jewish: By Birth \_\_\_ By Conversion \_\_\_ Date of Conversion \_\_\_ Not Jewish \_\_\_

Hebrew Name \_\_\_\_\_ Preferred email address \_\_\_\_\_

Occupation \_\_\_\_\_ Name of Company \_\_\_\_\_

Company Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Type of Business \_\_\_\_\_ Business Phone \_\_\_\_\_

SPOUSE'S NAME \_\_\_\_\_ Birth Date \_\_\_\_\_

Date of Marriage \_\_\_\_\_

ADDRESS \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Are you Jewish: By Birth \_\_\_ By Conversion \_\_\_ Date of Conversion \_\_\_ Not Jewish \_\_\_

Hebrew Name \_\_\_\_\_ Preferred email address \_\_\_\_\_

Occupation \_\_\_\_\_ Name of Company \_\_\_\_\_

Company Address \_\_\_\_\_

Type of Business \_\_\_\_\_ Business Phone \_\_\_\_\_

Past Synagogue Affiliation \_\_\_\_\_ # of Years: \_\_\_\_\_

Referred By:  
\_\_\_\_\_

|   |
|---|
| Type of Membership: To be completed by Membership Chair<br>Family ___ Individual ___ Single Parent ___ Interfaith ___ Junior ___ Senior ___ Double Chai ___ |
|---|

Children's Full Names

Date of Birth

Hebrew Name

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

If children were not born Jewish, have they been converted? Yes \_\_\_ No \_\_\_

Dates of Conversion \_\_\_\_\_

**Yahrzeits**

Name

Relationship

English Date  
of Death

Hebrew Date

|       |       |       |       |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Do you want to receive an annual reminder of Yahrzeit? \_\_\_ Yes

\_\_\_ No

Do you want Yahrzeit reminder published in the Bulletin? \_\_\_ Yes

\_\_\_ No

**I would be interested in serving on the following committees:**

- |                                    |  |                                       |  |
|------------------------------------|--|---------------------------------------|--|
| <input type="checkbox"/> By-Laws   | <input type="checkbox"/> B'nai Mitzvah       | <input type="checkbox"/> Facilities   | <input type="checkbox"/> Ritual                              |
| <input type="checkbox"/> Finance   | <input type="checkbox"/> Education Committee | <input type="checkbox"/> Fund-raising | <input type="checkbox"/> Youth                               |
| <input type="checkbox"/> Publicity | <input type="checkbox"/> Social Action       | <input type="checkbox"/> Membership   | <input type="checkbox"/> Early Childhood Education Committee |

I am interested in participating in the following Temple Beth Torah programs and activities:

- |   |  |   |
|---|--|---|
| Adult Education: <input type="checkbox"/> Adult B'nai Mitzvah | Groups: <input type="checkbox"/> Brotherhood | Ritual: <input type="checkbox"/> Leading services |
| <input type="checkbox"/> Bible Study                          | <input type="checkbox"/> Sisterhood          | <input type="checkbox"/> Reading the Torah        |
| <input type="checkbox"/> Basic Judaism                        | <input type="checkbox"/> USY (Gr. 5-12)      | <input type="checkbox"/> Chanting Haftarah        |
| <input type="checkbox"/> Hebrew for Adults                    |  | <input type="checkbox"/> Other _____              |
| <input type="checkbox"/> Other _____                          |  |   |

**The undersigned agrees:**

- To pay dues, fees, building fund and assessments to Temple Beth Torah as stipulated by the by-laws and/or the Board of Directors.
- That there are no outstanding financial obligations to any other synagogue.
- That the above information is correct and subject to verification.
- That the final acceptance as a member is subject to the approval of the Board of Directors.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE REMIT \$36 DEPOSIT WITH THIS APPLICATION.**