

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

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