

**TBT MEMBERSHIP APPLICATION 2018/2019**

**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:** \_\_\_\_\_

**How did you hear about us:** \_\_\_\_\_

**May we add your name, address, email and phone # to our TBT Membership Directory which is electronically distributed once a year to current TBT members? Yes** \_\_\_\_ **/ No** \_\_\_\_

**Type of Membership: To be completed by Membership Chair**

F\_\_ IF\_\_ I\_\_ SP\_\_ FYC\_\_ SC\_\_ SIC\_\_ SS\_\_ JC\_\_ JS\_\_ SUS\_\_ DC\_\_

**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:**

By-Laws    B'nai Mitzvah    Facilities    Ritual    Israel Action  
 Finance    Education Comm.    Fund-raising    Youth  
 Publicity    Social Action/TO    Membership    Early Childhood

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

Adult Education:

Groups:

Ritual:

Adult B'nai mitzvah

Brotherhood

Leading Services

Bible Study

Sisterhood

Reading Torah

Basic Judaism

USY (Gr. 3-12)

Chanting Haftorah

Hebrew for adults

Other \_\_\_\_\_

Other \_\_\_\_\_

**The undersigned agrees:**

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

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

*July 1, 2018*