



TBT MEMBERSHIP APPLICATION 2019/2020

YOUR NAME _____ **Birth Date** _____

ADDRESS _____

Home Phone _____ **Cell Phone** _____

Hebrew Name _____ **email address** _____

Occupation _____ **Name of Company** _____

Company Address _____ **Cell Phone** _____

Are you Jewish: By Birth ___ **By Conversion** ___ **Date of Conversion** _____ **Not Jewish** ___

SPOUSE/PARTNER's NAME _____ **Birth Date** _____

Home Phone _____ **Cell Phone** _____

Hebrew Name _____ **email address** _____

Occupation _____ **Name of Company** _____

Are you Jewish: By Birth ___ **By Conversion** ___ **Date of Conversion** _____ **Not Jewish** ___

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__

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
 Fundraising Youth Publicity Social Action/TO Membership Early Childhood

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

Adult Education:

Adult B'nai mitzvah
 Bible Study
 Basic Judaism
 Hebrew for adults
 Other _____

Groups:

Brotherhood
 Sisterhood
 USY (Gr. 3-12)

Ritual:

Leading Services
 Reading Torah
 Chanting Haftorah
 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 _____