



**TBT MEMBERSHIP APPLICATION**

**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**

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\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

**Yahrzeits**

**Name**

**Relationship**

**English Date of Death**

**Hebrew Date**

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\_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_

**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 \_\_\_\_\_