

TEMPLE  
**BethEl**  
Application for Membership

**CONTACT INFORMATION**

First Adult \_\_\_\_\_  
*First Middle/Maiden Last "Nickname"*

Second Adult \_\_\_\_\_  
*First Middle/Maiden Last "Nickname"*

Street Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Phone (Unlisted yes no) Primary Home E-mail Address (Unlisted yes no)

**MARITAL STATUS**  Single  Married Date of Marriage \_\_\_\_\_

**INFORMATION ABOUT FIRST ADULT**

Full Hebrew Name (including parents) \_\_\_\_\_

Kohen  Levi  Yisrael

Birthday: Month/Day/Year \_\_\_\_\_

Occupation \_\_\_\_\_

Place of Employment \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work E-mail Address \_\_\_\_\_

**RELIGIOUS BACKGROUND**

Can you read Torah? yes no

Can you chant a Haftarah? yes no

Can you lead a Daily Service? yes no

Were you born Jewish? yes no

Did you grow up... \_\_\_\_\_

Conservative  Reform  Orthodox

If you were not born Jewish:

Did you convert? yes no

In what religion were you raised? \_\_\_\_\_

Have you been a member of another synagogue? yes no

Name of Synagogue/Location \_\_\_\_\_

Are you currently a member of another synagogue? yes no

Name of Synagogue/Location \_\_\_\_\_

**INFORMATION ABOUT SECOND ADULT**

Full Hebrew Name (including parents) \_\_\_\_\_

Kohane  Levi  Yisrael

Birthday: Month/Day/Year \_\_\_\_\_

Occupation \_\_\_\_\_

Place of Employment \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work E-mail Address \_\_\_\_\_

**RELIGIOUS BACKGROUND**

Can you read Torah? yes no

Can you chant a Haftarah? yes no

Can you lead a Daily Service? yes no

Were you born Jewish? yes no

Did you grow up... \_\_\_\_\_

Conservative  Reform  Orthodox

If you were not born Jewish:

Did you convert? yes no

In what religion were you raised? \_\_\_\_\_

Have you been a member of another synagogue? yes no

Name of Synagogue/Location \_\_\_\_\_

Are you currently a member of another synagogue? yes no

Name of Synagogue/Location \_\_\_\_\_

# FAMILY INFORMATION

## CHILDREN

Please list oldest to youngest. For additional children, please attach separate sheet.

First Name	1. _____	2. _____	3. _____	4. _____
Last Name	_____	_____	_____	_____
Nickname	_____	_____	_____	_____
Hebrew Name	_____	_____	_____	_____
Sex	___ Male ___ Female	___ Male ___ Female	___ Male ___ Female	___ Male ___ Female
Birthday	_____	_____	_____	_____
Grade in School	_____	_____	_____	_____

## ARE YOU RELATED TO OTHER MEMBERS OF TBE?

_____	_____	_____
Name	Name	Name
_____	_____	_____
Relationship	Relationship	Relationship

## DECEASED FAMILY MEMBERS

To be included on Yahrzeit lists. For additional family members, please attach separate sheet.

First Name	Last Name	Hebrew Name (if known)	Relationship	Date of Death
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

## WOULD YOU LIKE INFORMATION ABOUT...?

	FIRST ADULT	SECOND ADULT
Adult Education	_____	_____
Men's Club	_____	_____
Religious School	_____	_____
Sisterhood	_____	_____
Youth Groups	_____	_____
Ritual Committee	_____	_____
Chesed Committee (Loving Kindness)	_____	_____
Chevre Kadisha	_____	_____
Family Programming	_____	_____
Membership Committee	_____	_____
Other: _____	_____	_____

## DO YOU HAVE HOBBIES, SKILLS OR TALENTS THAT YOU MIGHT LIKE TO SHARE?

(e.g. ability to teach Hebrew; sing or play a musical instrument)

First Adult \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Second Adult \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_