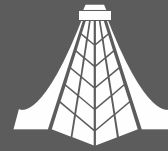


# MEMBERSHIP INFORMATION



**Beth El**  
SYNAGOGUE

## Welcome to Beth El Synagogue!

Beth El is a vibrant home where Judaism is lived; where community is family, learning inspires action, prayer touches the heart and deeds repair the world

We are delighted that you are interested in participating at Beth El. Please take a moment to get to know us by reviewing the information contained in this membership packet. It is our hope that you will feel welcomed, at home, and a part of our congregational family. Please review these materials and let us know if you have questions about information requested or are not sure how to answer. Beth El welcomes people of from all walks of life and we celebrate our differences. If you or any of your family members need an accommodation, please let us know. This information will help us get to know you as we develop programming that we hope will be meaningful to you. Thank you for taking the time to give us your information.

Family Last Name(s) \_\_\_\_\_ Address \_\_\_\_\_

Primary Phone \_\_\_\_\_ Primary Email \_\_\_\_\_ Date Prepared \_\_\_\_\_

How did you hear about us? \_\_\_\_\_ Why have you chosen to join Beth El? \_\_\_\_\_

## Beth El Synagogue

(Please Print Clearly or Type — Completing all Information Requested)

	Adult 1	Adult 2
First Name		
Last Name		
Cell Phone		
Email		
Date of Birth (mm/dd/yyyy)		
Place of Birth		
Occupation/Position		
Company		
Work Address		
Work Phone		
Work Email		
Religion	<input type="checkbox"/> Jewish ( <input type="radio"/> Kohen <input type="radio"/> Levi <input type="radio"/> Israel ) <input type="checkbox"/> Other _____	<input type="checkbox"/> Jewish ( <input type="radio"/> Kohen <input type="radio"/> Levi <input type="radio"/> Israel ) <input type="checkbox"/> Other _____
Conversion Date & Place if Applicable		
Hebrew First Name		
Parents' Hebrew Names		
Hebrew /Religious school Attended		
Jewish Day School Attended		
Jewish Summer Camp Attended		
Past or Present Synagogue Affiliation		
If you have relatives at Beth El, please list names/relationship		

### CHILDREN (please include blended family members)

Name		Gender	Date of Birth mm/dd/yyyy	If Applicable Conversion Date (mm/dd/yyyy) & Place	School		Talmud Torah Grade	Bar/Bat Mitzvah Date	Confirmation Date	Current address if different from above, including college/university
English First & Last	Hebrew First & Ben/Bat Father & Mother				Grade	Name				

## Beth El Synagogue

(Please Print Clearly or Type — Completing all Information Requested)


Other household members, please list their names and relationships. \_\_\_\_\_  
 \_\_\_\_\_

### ADULT CHILDREN (please include blended family members)

Full Name	Date of Birth	Date of Marriage	Spouse/Partner	Full Address

## Beth El Synagogue

(Please Print Clearly or Type — Completing all Information Requested)

### Yahrzeits\*

Observer	Name		Relationship	Date of Death <i>(We can look up the Hebrew date for you, if you are not sure)</i>		Memorial Plaque at Beth El?	Do you want to receive Yahrzeit Notice from Beth El?
	English First and Last	Hebrew Including Parents Names		English (mm/dd/yyyy)  ____/____/____ <input type="checkbox"/> Before <input type="checkbox"/> After Sunset	Hebrew  Date Month Year		
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Yahrzeit plaque information: Please contact Pam Friedman, Welcome Desk Coordinator at [pfriedman@bethelsynagogue.org](mailto:pfriedman@bethelsynagogue.org)

Does family have a cemetery lot?  Yes  No If yes, location \_\_\_\_\_  
 If no, would you like more information about the Beth El Memorial Park?  Yes  No

*Thank you! Please return this form to Linda Goldberg, Director of Membership and Engagement in person or via fax, email or mail.*

[lgoldberg@bethelsynagogue.org](mailto:lgoldberg@bethelsynagogue.org)

fax: 952.873.7301

## Beth El Synagogue

(Please Print Clearly or Type — Completing all Information Requested)

### Newer Member Menu of Welcome Opportunities

*We would love to welcome you! Please indicate your preferences below and return this page to Linda Goldberg, Director of Membership and Engagement, at [lgoldberg@bethelsynagogue.org](mailto:lgoldberg@bethelsynagogue.org).*

Name \_\_\_\_\_

**Photo of you in our printed synagogue bulletin (*Shofar*) -- so everyone can place your name**

- I'd love this – attached is our picture
- We would like to be listed, but no picture please
- Already published – thank you
- No thank you – I'm not interested at this time

**Aliyah or other special honor -- in recognition of your membership**

- I'd love this – please contact me to schedule
- Already occurred – thank you
- No thank you – I'm not interested at this time

**New member welcome bag -- a few goodies to make your entrance into our community extra sweet and special**

- I'd love this – please contact me to arrange a time to connect
- Already received – thank you
- No thank you – I'm not interested at this time

**Meeting with Rabbi Olitzky or Rabbi Davis -- just because, or to share any questions, ideas or observations**

- I'd love this – please contact me to arrange a meeting
- Already occurred – thank you
- No thank you – I'm not interested at this time

**We look forward to partnering with you to insure you feel warmly welcomed in your new synagogue home!**