

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) _____

Primary Phone _____ Primary Email _____ Date Prepared _____

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

Beth El Synagogue Membership Application

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

Date of Application _____ Family Last Name _____ Home Address _____ City _____ State _____ ZIP _____ Home Phone _____ How Long at Residence _____ <input type="checkbox"/> Rent <input type="checkbox"/> Own Family Status <input type="checkbox"/> Married (mm/dd/yyyy) Date /___/___/___ <input type="checkbox"/> Partner <input type="checkbox"/> Single <input type="checkbox"/> Widow/Widower <input type="checkbox"/> Divorced Previous Congregation Name _____ Location _____ <input type="checkbox"/> Conservative <input type="checkbox"/> Reconstruction <input type="checkbox"/> Reform <input type="checkbox"/> Renewal <input type="checkbox"/> Orthodox Last Year of Affiliation _____		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 Membership Application

(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 Membership Application

(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

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

fax: 952.873.7301