



Membership Application

We are very pleased you have chosen to join Congregation Beth El of Rochester, New York, which was founded in 1916. To further your full involvement in the life of the congregation, we ask that you carefully complete this application form.

	Adult 1	Adult 2
Title:	<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss
First Name & Initial:		
Last Name:		
	<input type="checkbox"/> Kohen/Bat Kohen <input type="checkbox"/> Levi/Bat Levi	<input type="checkbox"/> Kohen/Bat Kohen <input type="checkbox"/> Levi/Bat Levi
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Divorced/Remarried <input type="checkbox"/> Widowed	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Divorced/Remarried <input type="checkbox"/> Widowed
Date of Birth:		
Wedding Anniversary:	Date: Place:	Date: Place:
Home Address:		<input type="checkbox"/> Same or:
	City: State: Zip+4:	City: State: Zip+4:
Home Phone #:		
Second Phone or FAX #:		
E-Mail Address:		
Job Title/Occupation:		
Business Name:		
Business Address:		
Business Phone #:		
Business FAX #:		
Business E-Mail Address:		
Out of Town Address:	Approximate Dates _____ to _____	Approximate Dates _____ to _____
Telephone:		
Bar/Bat Mitzvah:	Date:	Date:
Hebrew School:	<input type="checkbox"/> Full day <input type="checkbox"/> Afternoon	<input type="checkbox"/> Full day <input type="checkbox"/> Afternoon
Languages Spoken:	<input type="checkbox"/> English <input type="checkbox"/> Russian <input type="checkbox"/> Hebrew <input type="checkbox"/> Yiddish <input type="checkbox"/> Other:	<input type="checkbox"/> English <input type="checkbox"/> Russian <input type="checkbox"/> Hebrew <input type="checkbox"/> Yiddish <input type="checkbox"/> Other:
Languages Read:	<input type="checkbox"/> English <input type="checkbox"/> Russian <input type="checkbox"/> Hebrew <input type="checkbox"/> Yiddish <input type="checkbox"/> Other:	<input type="checkbox"/> English <input type="checkbox"/> Russian <input type="checkbox"/> Hebrew <input type="checkbox"/> Yiddish <input type="checkbox"/> Other:
Do you read Hebrew:	<input type="checkbox"/> Not at all <input type="checkbox"/> Moderately <input type="checkbox"/> Very Well	<input type="checkbox"/> Not at all <input type="checkbox"/> Moderately <input type="checkbox"/> Very Well
Have you chanted a Haftarah?	When did you last read: <input type="checkbox"/> Yes <input type="checkbox"/> No	When did you last read: <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you read from the Torah?	When did you last read: <input type="checkbox"/> Yes <input type="checkbox"/> No	When did you last read: <input type="checkbox"/> Yes <input type="checkbox"/> No
Hebrew Name: <i>(may be transliterated)</i>	_____ Ben/Bat _____ <i>(Son/Daughter of) (Father's Name) (Mother's Name)</i>	_____ Ben/Bat _____ <i>(Son/Daughter of) (Mother's Name) (Father's Name)</i>
Education: High School:		
University:		
Degree & Year:		
Other:		

Over

	Adult 1	Adult 2
Religion:		
	<input type="checkbox"/> by birth <input type="checkbox"/> by conversion	<input type="checkbox"/> by birth <input type="checkbox"/> by conversion
If by conversion please state date, place & Rabbi:		
Mother's religion:		
	<input type="checkbox"/> by birth <input type="checkbox"/> by conversion	<input type="checkbox"/> by birth <input type="checkbox"/> by conversion
Previous or Other Synagogue Affiliation:	<input type="checkbox"/> No <input type="checkbox"/> Yes Name & Branch _____	<input type="checkbox"/> No <input type="checkbox"/> Yes Name & Branch _____
Do you own a cemetery plot?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, where?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, where?

Yahrzeit Record

Name of Deceased	Member's Relationship to Deceased	English/Hebrew Date of Death	Hebrew Name of Deceased	Send Notice to:
				<input type="checkbox"/> Adult Male <input type="checkbox"/> Adult Female
				<input type="checkbox"/> Adult Male <input type="checkbox"/> Adult Female
				<input type="checkbox"/> Adult Male <input type="checkbox"/> Adult Female
				<input type="checkbox"/> Adult Male <input type="checkbox"/> Adult Female

Dependent Children

Name	Date of Birth	Gender	Address	Hebrew Name	Current Grade

Adult Children

Name	Date of Birth	Gender	Address	Hebrew Name	Married
					<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

ACTIVITIES OF THE CONGREGATION – Please Indicate Your Interest

Adult 1 – Check Left Box

Adult 2 – Check Right Box

- | | | | |
|--------------------------------------|-------------------------------------|---|--|
| 1 2 | 1 2 | 1 2 | 1 2 |
| <input type="checkbox"/> Archives | <input type="checkbox"/> Havurah | <input type="checkbox"/> Office Help | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Cemetery | <input type="checkbox"/> Library | <input type="checkbox"/> Parent Teacher Org | <input type="checkbox"/> Tot Shabbat |
| <input type="checkbox"/> Education | <input type="checkbox"/> Membership | <input type="checkbox"/> Ritual | <input type="checkbox"/> Ushers/Greeters |
| <input type="checkbox"/> Facilities | <input type="checkbox"/> Men's Club | <input type="checkbox"/> Singles | <input type="checkbox"/> Youth |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Museum | <input type="checkbox"/> Sisterhood | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Music | <input type="checkbox"/> Social Action | |

Billing Information (For Office Use)

For New Membership Only

Annual Dues \$ _____ United Synagogue Dues \$ _____

Comments: _____

Security Fee \$ _____ Building Fund Pledge (Payable over a 5-year period) _____

Comments: _____

DUES ARE BILLED QUARTERLY

I hereby make application for membership in Temple Beth El and agree to pay the first year's dues as stated above.

Dues to be re-evaluated _____

Interviewed by
1/11/15

Applicant's Signature

Date