



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:	• Dr. • Mr. • Mrs. • Ms. • Miss	• Dr. • Mr. • Mrs. • Ms. • Miss
First Name & Initial:		
Last Name:		
	• Kohen/Bat Kohen • Levi/Bat Levi	• Kohen/Bat Kohen • Levi/Bat Levi
Marital Status:	• Single • Married • Separated • Divorced • Divorced/Remarried • Widowed	• Single • Married • Separated • Divorced • Divorced/Remarried • Widowed
Date of Birth:		
Wedding Anniversary:	Date:	Date:
Home Address:		• Same or:
	City: State: Zip+4:	City: State: Zip+4:
Home Phone #:		
Cell Phone #:		
E-Mail Address:		
Job Title/Occupation:		
Business Name:		
Business Phone #:		
Out of Town Address:		
	Approximate Dates _____ to _____	Approximate Dates _____ to _____
Out of Town Telephone:		
Bar/Bat Mitzvah:	Date/Parsha:	Date/Parsha:
Languages:	• English • Russian • Hebrew • Yiddish • Other:	• English • Russian • Hebrew • Yiddish • Other:
Do you read Hebrew:	• Not at all • Moderately • Very Well	• Not at all • Moderately • Very Well
Would you like to chant a Haftarah or read Torah?	• Yes • No	• Yes • No
Would you like to learn to chant a Haftarah or read Torah?	• Yes • No	• Yes • No
Hebrew Name: <i>(please transliterate)</i>	Ben/Bat _____ _____ <i>(Son/Daughter of) (Father's Name) v' (Mother's Name)</i>	Ben/Bat _____ _____ <i>(Son/Daughter of) (Father's Name) v' (Mother's Name)</i>
Religion:	• by birth • by conversion	• by birth • by conversion
If by conversion please state date, place & Rabbi:		
Mother's religion:	• by birth • by conversion	• by birth • by conversion
Previous or Other Synagogue Affiliation:	• No • Yes Name & Branch _____	• No • Yes Name & Branch _____
Do you own a	• No • Yes If yes, where?	• No • Yes If yes, where?

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**Over
Yahrzeit Record**

Name of Deceased	Member's Relationship to Deceased	English/Hebrew Date of Death	Hebrew Name of Deceased	Send Notice to:
				• Adult 1 • Adult 2
				• Adult 1 • Adult 2
				• Adult 1 • Adult 2
				• Adult 1 • Adult 2

Dependent Children

Name	Date of Birth	Gender	Address	Hebrew Name	Current Grade

Adult Children

Name	Date of Birth	Gender	Address	Hebrew Name	Married
					• No • Yes
					• No • Yes
					• No • Yes
					• No • 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Archives		LGBTQ		Office Help		Tot Shabbat	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cemetery		Membership		Sisterhood		Ushers/Greeters	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Development		Men's Club		Special Events		Youth	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education		Minyan		Tikkun Olam		Other _____	
<input type="checkbox"/>	<input type="checkbox"/>						
Inclusion							

Billing Information

Annual Dues \$ _____ United Synagogue Dues \$ _____

Comments: _____

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

Comments: _____

Please bill me: • Annually • Quarterly • Monthly

• I agree to receive all invoices via email at _____

• Please send printed invoices via U.S. Mail.

I hereby apply 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

Applicant's Signature

Date