



Beth El Synagogue

Application for Associate Membership

	Adult Male	Adult Female
Full name		
Are you Jewish?	Yes __ No __ If yes, are you a Kohein__, a Levi__	Yes __ No __ If yes, are you a bat Kohein__, a bat Levi__
Your Hebrew name		
Father's Hebrew name		
Mother's Hebrew name		
Will you accept an Aliyah?		
Date of Birth		

Local home address*

Local phone number

Primary home address*

Primary phone number

* PLEASE CHECK PREFERRED MAILING ADDRESS

Primary Synagogue	
Synagogue Address	
Synagogue phone number	

Note: Large Print Siddurim are available upon request.

(Over)

124 LITCHFIELD STREET • TORRINGTON, CT • 06790
 PHONE: (860)-482-8263 • E-MAIL: besynagogue@snet.net

Wedding Anniversary _____

Special Synagogue Interests

___ Ritual ___ Adult Education ___ Religious School ___ Finance
___ House Committee ___ UJA ___ Hadassah ___ Youth
___ Other _____

By becoming a member of Beth El Synagogue I agree to be bound by its by-laws. The enclosed check for \$ _____ covers my annual dues.

Signature _____ Date _____

APPROVED:

Chairman of the Board

Treasurer