



Beth El Synagogue

Application for 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		
Occupation		
Business phone		

Home address _____

Phone number _____

Anniversary _____

Fill in information for **minors** in your household.

English name	Hebrew name	Date of birth	Sex (M or F)	Has he/she become Bar/Bat Mitzvah? Date ?

Note: Large Print Siddurim are available upon request.

(Over)

Yahrzeit Record (immediate family)

Name	Relationship	Date mm/dd/yy	Before of after sundown
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please check one:

- I wish to receive Yahrzeit notices
- I do not wish to receive Yahrzeit notices

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, made out to Beth El Synagogue, for \$_____ covers one quarter of annual dues and Building Fund payment. **I wish to be billed quarterly.**

_____The enclosed check, made out to Beth El Synagogue, for \$_____ covers my annual dues and Building Fund payment. **I wish to be billed annually.**

Signature _____ Date _____

APPROVED:	
_____ Chairman of the Board	_____ Treasurer