

**TEMPLE GROUPS AND VOLUNTEER OPPORTUNITIES**

Please indicate interest in the following areas:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> EARLY CHILDHOOD CENTER<br><i>Learning &amp; care for preschool children</i> | <input type="checkbox"/> ADULT EDUCATION   | <input type="checkbox"/> RABBI LEO M. FRANKLIN ARCHIVES   |
| <input type="checkbox"/> MASA<br><i>Jewish education for grades K-7</i>                              | <input type="checkbox"/> MUSIC<br><i>Concerts, Music Shabbat, playing instrument</i> | <input type="checkbox"/> PRENTIS MEMORIAL LIBRARY   |
| <input type="checkbox"/> MASA TEENS<br><i>Elective based learning for grades 8-12</i>                | <input type="checkbox"/> ADULT CHOIR   | <input type="checkbox"/> SHIVA CORPS<br><i>Volunteers who lead shiva</i>                            |
| <input type="checkbox"/> KID-ISH CLUB<br><i>Young Family Programming</i>                             | <input type="checkbox"/> LEADERSHIP/BOARD  | <input type="checkbox"/> CARING COMMUNITY<br><i>Volunteers who support members in times of need</i> |
| <input type="checkbox"/> K-5 K'HILAH CLUB<br><i>K-5 Family Programming</i>                           | <input type="checkbox"/> BROTHERHOOD   | <input type="checkbox"/> READING TORAH  |
| <input type="checkbox"/> BETY<br><i>Youth group for grades 9-12</i>                                  | <input type="checkbox"/> YOUTH CHOIR   | <input type="checkbox"/> USHERING   |
| <input type="checkbox"/> JBETY<br><i>Youth group for grades 6-8</i>                                  | <input type="checkbox"/> SISTERHOOD  | <input type="checkbox"/> ISRAEL TRIPS AND ISRAEL PROGRAMMING  |
| <input type="checkbox"/> BETY35<br><i>Youth group for grades 3-5</i>                                 | <input type="checkbox"/> BETH ELDERS<br><i>Programming for seniors</i>               | <input type="checkbox"/> INTERFAITH PROGRAMMING   |
|  |  | <input type="checkbox"/> SOCIAL ACTION PROGRAMS   |

**Yahrzeit Record**

Please list names and dates of loved ones for whom you'd like to have Yahrzeit (remembrance) notices sent.  
Please note: Temple Beth El sends notices using the secular calendar unless otherwise requested.

Name of Deceased	Relationship (this person is my:)	English Date of Death



If you have any questions, please contact Rachel Grey Ellis, Executive Director, at <mailto:rellis@tbeonline.org> or 248-865-0696.

INTERNAL USE ONLY: ID# \_\_\_\_\_ BILLING TYPE: \_\_\_\_\_

NAME: \_\_\_\_\_



**MEMBERSHIP APPLICATION**

\_\_\_\_\_, 20\_\_\_\_\_

**To The Board of Trustees:** I hereby apply for membership in Temple Beth El, and if admitted, agree to conform to the By-Laws now in force, or which may thereafter be enacted.

I agree to pay during the first year of my membership, the sum of \$ \_\_\_\_\_ and thereafter such annual amount as may be fixed by the Board of Trustees in accordance with the By-Laws of the Congregation.

I pledge to the Building Fund, the sum of \$ \_\_\_\_\_, payable within years \_\_\_\_\_, at the rate of \$ \_\_\_\_\_ per year.

\_\_\_\_\_  
Referred by

\_\_\_\_\_  
Signature of Applicant

*Please complete all information.*

*We are so excited to welcome you into our Temple Beth El community.  
Please complete this application so we can get to know you and your family.*

**MEMBER A**

Title \_\_\_\_\_ First Name \_\_\_\_\_  
 Last Name \_\_\_\_\_  
 Maiden Name, if applicable \_\_\_\_\_  
 Gender \_\_\_\_\_ Religion \_\_\_\_\_  
 Hebrew Name, if applicable \_\_\_\_\_  
 Birthday: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
 Cell Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Home Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Email \_\_\_\_\_  
 Occupation/Title \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Religious background  Jewish-Reform  Jewish-Conservative  
 Jewish-Orthodox  Jewish-Other  
 Jewish-not affiliated  Not Jewish  
 Hobbies/interests \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**MEMBER B**

Title \_\_\_\_\_ First Name \_\_\_\_\_  
 Last Name \_\_\_\_\_  
 Maiden Name, if applicable \_\_\_\_\_  
 Gender \_\_\_\_\_ Religion \_\_\_\_\_  
 Hebrew Name, if applicable \_\_\_\_\_  
 Birthday: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
 Cell Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Home Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Email \_\_\_\_\_  
 Occupation/Title \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Religious background  Jewish-Reform  Jewish-Conservative  
 Jewish-Orthodox  Jewish-Other  
 Jewish-not affiliated  Not Jewish  
 Hobbies/interests \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**FAMILY QUESTIONS**

Single  Married  Widowed  Divorced  Domestic Partner  Engaged  Other

Date of marriage, if applicable: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Please address mail as follows (ex: The Cohen Family, Mr. and Mrs. Cohen): \_\_\_\_\_

All mail will be sent to the following home address unless otherwise requested:

Home Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

If you have a second residence, please list below:

Second residence address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

If you have a second residence:

In which months would you like mail sent to your HOME address? \_\_\_\_\_ In which months would you like mail sent to your SECOND address? \_\_\_\_\_

Billing address (if different from residence): \_\_\_\_\_ City/State/Zip \_\_\_\_\_

In case of emergency, Temple is to notify: Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Phone \_\_\_\_\_

**GENERAL QUESTIONS**

What brings your family to Temple Beth El? \_\_\_\_\_  
 \_\_\_\_\_

How did you hear about Temple Beth El? \_\_\_\_\_

Are you, or were you, a member of any other synagogue?  Yes  No If yes, which one? \_\_\_\_\_

Are you related to any present member of Temple Beth El?  Yes  No If yes, to whom are you related? \_\_\_\_\_

Please provide us with any other information that will help us get to know you:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CHILDREN**

**CHILD 1**

First Name \_\_\_\_\_  
 Last Name \_\_\_\_\_  
 Gender \_\_\_\_\_ Hebrew Name, if applicable \_\_\_\_\_  
 Birthday: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
 Living at home  Away at school  An adult  
 School \_\_\_\_\_ Grade \_\_\_\_\_  
 Cell phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

**CHILD 2**

First Name \_\_\_\_\_  
 Last Name \_\_\_\_\_  
 Gender \_\_\_\_\_ Hebrew Name, if applicable \_\_\_\_\_  
 Birthday: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
 Living at home  Away at school  An adult  
 School \_\_\_\_\_ Grade \_\_\_\_\_  
 Cell phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

**CHILD 3**

First Name \_\_\_\_\_  
 Last Name \_\_\_\_\_  
 Gender \_\_\_\_\_ Hebrew Name, if applicable \_\_\_\_\_  
 Birthday: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
 Living at home  Away at school  An adult  
 School \_\_\_\_\_ Grade \_\_\_\_\_  
 Cell phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

**CHILD 4**

First Name \_\_\_\_\_  
 Last Name \_\_\_\_\_  
 Gender \_\_\_\_\_ Hebrew Name, if applicable \_\_\_\_\_  
 Birthday: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
 Living at home  Away at school  An adult  
 School \_\_\_\_\_ Grade \_\_\_\_\_  
 Cell phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_