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.

If you have any questions, please contact Rachel Grey Ellis, Executive Director, at mailto:rellis@tbeonline.org or 248-865-0696.
MEMBER A
Title ____________
First Name ________________________________
Maiden Name, if applicable ________________________________
Cell Phone (______) _________-__________
Birthday: Month _____ Day ______ Year ____________
Hebrew Name, if applicable ________________________________
Home Phone (______) _________-__________
Hobbies/interests ________________________________________
[ ] Jewish - not affiliated    [ ] Not Jewish
Email ___________________________________________________
Last Name ________________________________________________
Gender _______  Religion ___________________________________
Maiden Name, if applicable ________________________________
Last Name ________________________________________________
First Name ________________________________________________
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 _________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Please complete this application so we can get to know you and your family.

We are so excited to welcome you into our Temple Beth El community.

MEMBER B
Title ____________
First Name ________________________________
Maiden Name, if applicable ________________________________
Cell Phone (______) _________-__________
Birthday: Month _____ Day ______ Year ____________
Hebrew Name, if applicable ________________________________
Home Phone (______) _________-__________
Hobbies/interests ________________________________________
Occupation/Title _________________________________________
Employer ________________________________________________
Religious background [ ] Jewish-Reform [ ] Jewish-Conservative
[ ] Jewish-Orthodox [ ] Jewish-Other
[ ] Jewish-not affiliated [ ] Not Jewish
Hobbies/Interests _________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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 ______________________________

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? ____________________________________________________
_________________________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________________________
Please provide us with any other information that will help us get to know you:
_________________________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________________________
If you have a second residence:
Second residence address ____________________________________________ City/State/Zip ____________
If you have a second residence, please list below:
Home Address ____________________________________________ City/State/Zip ____________
All mail will be sent to the following home address unless otherwise requested:
Please address mail as follows (ex. The Cohen Family, Mr. and Mrs. Cohen): ____________________________
[ ] Living at home    [ ] Away at school    [ ] An adult
Name ____________________________ Phone ____________
Name ____________________________ Phone ____________

In case of emergency, Temple is to notify: Name ____________________________ Phone ____________
Name ____________________________ Phone ____________

Are you, or were you, a member of any other synagogue? [ ] Yes  [ ] No
If yes, which one? ______________________________________________________
_________________________________________________________________________________________________________________________________________
What brings your family to 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? ____________________________________________
_________________________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________________________
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:
_________________________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________________________
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If you have a second residence:
Second residence address ____________________________________________ City/State/Zip ____________
If you have a second residence, please list below:
Home Address ____________________________________________ City/State/Zip ____________
All mail will be sent to the following home address unless otherwise requested:
Please address mail as follows (ex. The Cohen Family, Mr. and Mrs. Cohen): ____________________________
[ ] Living at home    [ ] Away at school    [ ] An adult
Name ____________________________ Phone ____________
Name ____________________________ Phone ____________

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Name ____________________________ Phone ____________

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