

Application for Membership

Please print. All information is strictly confidential.

Applicant #1

Surname: _____ Title: _____
Maiden name (if applicable): _____
Given name(s): _____
Hebrew name(s): _____
Father's Hebrew name(s): _____
Mother's Hebrew name(s): _____
Date of Birth (m/d/y): _____
Marital status: ☐ Single ☐ Married ☐ Separated
☐ Divorced ☐ Widowed
Heritage: Jewish faith by birth? ☐ Yes ☐ No
Son/Daughter of: ☐ Cohen ☐ Levi ☐ Israelite
Birth parents both Jewish? ☐ Yes ☐ No
Bar Mitzvah:
Date: _____ Location: _____
Email: _____
Cell phone: _____

Applicant #2

Surname: _____ Title: _____
Maiden name (if applicable): _____
Given name(s): _____
Hebrew name(s): _____
Father's Hebrew name(s): _____
Mother's Hebrew name(s): _____
Date of Birth (m/d/y): _____
Marital status: ☐ Single ☐ Married ☐ Separated
☐ Divorced ☐ Widowed
Heritage: Jewish faith by birth? ☐ Yes ☐ No
Son/Daughter of: ☐ Cohen ☐ Levi ☐ Israelite
Birth parents both Jewish? ☐ Yes ☐ No
Bar Mitzvah:
Date: _____ Location: _____
Email: _____
Cell phone: _____

Wedding Information Date: _____ Location: _____

Describe your background:

- ☐ Orthodox ☐ Conservative ☐ Reform
☐ Non-denominational ☐ Secular

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Documentation required:

If either of you has been previously married in the Jewish faith and subsequently divorced, a copy of the "Get" must be provided. If you are Jewish by conversion, please attach a copy of the Conversion Document. If parents or adopted children are Jewish by conversion, provide particulars of their conversion.

Home address: _____
City: _____ Postal code: _____
Home phone: _____ Fax: _____

Employer name: _____
Address: _____
Phone: _____
Occupation/title: _____
(Retirees, please state most recent information)
Annual Net Income: _____

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Phone: _____
Occupation/title: _____
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Student Applicants Only (18 and Over):

School attending: _____

Address: _____

Grade/Year at school _____

Children (under 18 years of age):

Name(s)	Hebrew Name(s)	D.O.B. (m/d/y)	Sex	Grade	School Name	Hebrew School

☐ Bar ☐ Bat Mitzvah Date _____ Synagogue _____

☐ Bar ☐ Bat Mitzvah Date _____ Synagogue _____
Children (over 18 years of age):

Surname	Given Name(s)	D.O.B. (m/d/y)	Hebrew Names(s)	Given Name(s) of Spouse (if applicable)	Hebrew Name(s)	D.O.B. (m/d/y)

Synagogue AffiliationsAre you currently a member at any other congregation? ☐ Yes ☐ No*If yes:* Name and city of other congregation: _____Have you ever been member at any other congregation? ☐ Yes ☐ No*If yes:* Name and city of other congregation: _____Are your parents or were your parents members of Beth Tzedec Congregation? ☐ Yes ☐ No*If yes:* Father's name: _____*If yes:* Mother's name: _____Are you related to other members of Beth Tzedec Congregation? ☐ Yes ☐ No*If yes:* Member's name: _____ Relationship: _____ Related to Applicant: ☐ #1 ☐ #2*If yes:* Member's name: _____ Relationship: _____ Related to Applicant: ☐ #1 ☐ #2*If yes:* Member's name: _____ Relationship: _____ Related to Applicant: ☐ #1 ☐ #2

Affiliations:

To what organizations do you belong? (Jewish and others:) _____

Involvement:

Please help us ensure that Beth Tzedec programs, services, and activities meet your needs by providing us with the following information:

Services Attendance Preferences:

- ☐ Daily
- ☐ Kabbalat Shabbat
- ☐ Shabbat
- ☐ Holidays

Service Participation:

- ☐ Davening
- ☐ Torah reading skills
- ☐ D'var Torah

Impairment:

- ☐ Hearing
- ☐ Vision

Are you interested in any of the following:

- ☐ Men's Club
- ☐ Sisterhood
- ☐ Young Families Programs
- ☐ 20s and 30s
- ☐ Adult Education
- ☐ Seniors Programs
- ☐ Singles Programs

- ☐ Committees _____
- ☐ Out of the Cold Program
- ☐ Torah Study
- ☐ Event Planning
- ☐ Fundraising
- ☐ Other _____

Please Sign and Date:

I/WE, hereby apply for membership at Beth Tzedec Congregation and agree to conform to and to abide by the Constitution and By-Laws of the Congregation, as duly enacted and in force.

Signature Applicant #1

Signature Applicant #2

Date: _____

Yahrtzeit Record

ENGLISH FIRST & LAST NAMES	HEBREW NAMES	FATHER'S HEBREW NAME (of deceased)	MOTHER'S HEBREW NAME (of deceased)	RELATIONSHIP	DATE OF DEATH (m/d/y)	HEBREW DATE OF DEATH

Cemetery Plots

Do you own a cemetery plot? ☐ Yes ☐ No

If yes: Name of Cemetery: _____

City: _____

Plot#: _____

N.B. One must be a member in good standing whose annual dues are paid in full for five consecutive years in order to qualify to pre-purchase a plot or plots at Beth Tzedec Memorial Park at members' rates.

Informed of Five Year Rule: _____ (initial)