

Application for Membership

Please print. All information is strictly confidential.

Applicant #1	Applicant #2
Surname: _____ Title: _____	Surname: _____ Title: _____
Maiden name (if applicable): _____	Maiden name (if applicable): _____
Given name(s): _____	Given name(s): _____
Hebrew name(s): _____	Hebrew name(s): _____
Father's Hebrew name(s): _____	Father's Hebrew name(s): _____
Mother's Hebrew name(s): _____	Mother's Hebrew name(s): _____
Date of Birth (m/d/y): _____	Date of Birth (m/d/y): _____
Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Heritage: Jewish faith by birth? <input type="checkbox"/> Yes <input type="checkbox"/> No	Heritage: Jewish faith by birth? <input type="checkbox"/> Yes <input type="checkbox"/> No
Son/Daughter of: <input type="checkbox"/> Cohen <input type="checkbox"/> Levi <input type="checkbox"/> Israelite	Son/Daughter of: <input type="checkbox"/> Cohen <input type="checkbox"/> Levi <input type="checkbox"/> Israelite
Birth parents both Jewish? <input type="checkbox"/> Yes <input type="checkbox"/> No	Birth parents both Jewish? <input type="checkbox"/> Yes <input type="checkbox"/> No
Bar Mitzvah: Date: _____ Location: _____	Bar Mitzvah: Date: _____ Location: _____
Email: _____	Email: _____
Cell phone: _____	Cell phone: _____

Wedding Information Date: _____ Location: _____

Describe your background: <input type="checkbox"/> Orthodox <input type="checkbox"/> Conservative <input type="checkbox"/> Reform <input type="checkbox"/> Non-denominational <input type="checkbox"/> Secular	Describe your background: <input type="checkbox"/> Orthodox <input type="checkbox"/> Conservative <input type="checkbox"/> Reform <input type="checkbox"/> Non-denominational <input type="checkbox"/> 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: _____	Employer name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Occupation/title: _____ <i>(Retirees, please state most recent information)</i>	Occupation/title: _____ <i>(Retirees, please state most recent information)</i>
Annual Net Income: _____	Annual Net Income: _____

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:

- | | |
|--|--|
| <input type="checkbox"/> Men's Club | <input type="checkbox"/> Committees _____ |
| <input type="checkbox"/> Sisterhood | <input type="checkbox"/> Out of the Cold Program |
| <input type="checkbox"/> Young Families Programs | <input type="checkbox"/> Torah Study |
| <input type="checkbox"/> Junior Congregation | <input type="checkbox"/> Event Planning |
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Senior Haverim | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Singles Programs | _____ |

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: _____

Yahrzeit 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)