

Family Last Name: _____

Home Address: _____ Home Phone #: _____

City: _____ State: _____ Zip: _____

Marital Status (Please check): Married Single Life Partner Divorced Widowed Separated

Anniversary Date (if applicable): _____

Please include a photo of you/your family for our records.

	Adult (1)	Adult (2)
First Name, Middle Name		
Preferred Salutation (Dear)		
Date of Birth		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Occupation and/or role		
Employer		
Business phone		
Cell phone		
E-Mail address		
Fax number		
Degrees	<input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate <input type="checkbox"/> Other	<input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate <input type="checkbox"/> Other
Special interests or major skills		
Blood Type		
Full Hebrew name (if known)		
Religious tradition in which you were raised	<input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Reconstructionist <input type="checkbox"/> Orthodox <input type="checkbox"/> Non Practicing <input type="checkbox"/> Non-Jewish Did you convert to Judaism? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Reconstructionist <input type="checkbox"/> Orthodox <input type="checkbox"/> Non Practicing <input type="checkbox"/> Non-Jewish Did you convert to Judaism? <input type="checkbox"/> Yes <input type="checkbox"/> No
Previous Synagogue Affiliation	Name: Location:	Name: Location:
How did you hear about us?		
Do you have a relative or friends at Beth Emet?		
I / we are interested in receiving information about the following programs/clubs...	<input type="checkbox"/> Early Childhood Programs (3 months to Pre-K) <input type="checkbox"/> Elementary School (K – 5 th Grade) <input type="checkbox"/> Religious/Hebrew School (K – 12 th Grade) <input type="checkbox"/> Day Camp (Infants through 7 th Grade) <input type="checkbox"/> Teen Travel Camp (6 th – 10 th Grade) <input type="checkbox"/> Sisterhood <input type="checkbox"/> Men's Club <input type="checkbox"/> Adult Study Groups <input type="checkbox"/> Sr. Group	

Please fill in the following information as it applies to each of your children.

Name					
Date of birth					
Blood type					
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Hebrew Name					
If student, name of school and grade, if adult, occupation					
Address if not living with you					

Activities and Interests:

Areas of Interest	Adult 1	Adult 2	Areas of Interest	Adult 1	Adult 2
Adult Education	<input type="checkbox"/>	<input type="checkbox"/>	Mini-Mitzvahs	<input type="checkbox"/>	<input type="checkbox"/>
Bulletin	<input type="checkbox"/>	<input type="checkbox"/>	Mitzvah Day	<input type="checkbox"/>	<input type="checkbox"/>
Budget/Finance	<input type="checkbox"/>	<input type="checkbox"/>	Office Volunteer	<input type="checkbox"/>	<input type="checkbox"/>
Choir	<input type="checkbox"/>	<input type="checkbox"/>	Publicity	<input type="checkbox"/>	<input type="checkbox"/>
Computers	<input type="checkbox"/>	<input type="checkbox"/>	Religious School	<input type="checkbox"/>	<input type="checkbox"/>
Early Childhood	<input type="checkbox"/>	<input type="checkbox"/>	Ritual	<input type="checkbox"/>	<input type="checkbox"/>
Facilities	<input type="checkbox"/>	<input type="checkbox"/>	Senior's Activities	<input type="checkbox"/>	<input type="checkbox"/>
Feeding the Hungry	<input type="checkbox"/>	<input type="checkbox"/>	Sisterhood	<input type="checkbox"/>	<input type="checkbox"/>
Fundraising	<input type="checkbox"/>	<input type="checkbox"/>	Shiva Committee (Meals)	<input type="checkbox"/>	<input type="checkbox"/>
Israel Action	<input type="checkbox"/>	<input type="checkbox"/>	Social Action	<input type="checkbox"/>	<input type="checkbox"/>
Library	<input type="checkbox"/>	<input type="checkbox"/>	Visiting the Sick	<input type="checkbox"/>	<input type="checkbox"/>
Membership	<input type="checkbox"/>	<input type="checkbox"/>	Youth Activities	<input type="checkbox"/>	<input type="checkbox"/>
Men's Club	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

Please answer the following questions...

Why are you joining Beth Emet?

What do you hope to get out of your Beth Emet experience?

Yahrzeit Information:

If you would like to be reminded of the anniversary of the death of a loved one, please list information below:

Name of deceased	Related to whom?	Relationship	Date of death	Died before sundown?*

* Note: The time of death (before or after sundown) is needed to determine the date of death on the Jewish calendar.

Type of Membership

_____ Family Membership

_____ Single Parent Membership

_____ Single Membership (Adult over 30, no children in Religious School)

_____ Senior Family Membership (65 and older, no children in Religious School)

_____ Empty Nest Family Membership (No children under age 19)

_____ Young Family Membership (Both Adults under 35, no children in Religious School)

_____ Young Couple (Under 30, no children attending any program)

_____ Young Single Membership (Under 30, no children)

_____ Associate Membership (65 and older, No High Holiday Seats)

I (we) hereby apply for admission as a member of Temple Beth Emet, and agree to abide by its rules and bylaws. As a member of the Temple Beth Emet community, I (we) commit to becoming a part of a *kehillah kedoshah*, a sacred community, and in accepting that responsibility, I (we) agree to fulfill any financial obligations including the building fund that I (we) incur with Temple Beth Emet, its schools and/or auxiliaries.

We further agree that we have completely fulfilled all financial obligations with any synagogue that we have been members of in the past. It is understood that dues and fees are payable in full upon invoicing, although payment plans may be arranged with the Director of Finance or the Financial Secretary.

A minimum deposit of \$400 is required with this application, and will be applied toward your dues for the coming year.

Signed: _____ Date: _____

Signed: _____ Date: _____