

Beth El Congregation

Affiliated with United Synagogue of Conservative Judaism

Application For Membership

Date _____

PLEASE PRINT CLEARLY

Name

First _____ Middle/Maiden Name _____ Last _____

Name of Spouse/Significant Other (if applicable) _____ Middle/Maiden Name _____ Last _____

Street Address _____

City/State/Zip Code _____ Area Code/Home Phone _____

Email Address _____ Cell _____ Fax _____

Marital Status

Single Married Interfaith Date of Marriage _____

Information About You

Kohane Levi Yisrael

Hebrew Name _____

Birthday: Month/Day/Year _____ Father's and Mother's Hebrew Names _____

Information About Spouse or Significant Other (if applicable)

Firm _____ Area Code/Business Phone _____ Occupation _____

Kohane Levi Yisrael

Hebrew Name _____

Birthday: Month/Day/Year _____ Father's and Mother's Hebrew Names _____

Firm _____ Area Code/Business Phone _____ Occupation _____

Synagogue Skills

Can you read Hebrew? You: Yes No Your Spouse: Yes No

Can you recite the Brachot for the Torah? You: Yes No Your Spouse: Yes No

Can you read Torah? You: Yes No Your Spouse: Yes No

Can you chant a Haftara? You: Yes No Your Spouse: Yes No

Can you lead a Daily Service? You: Yes No Your Spouse: Yes No

Religious Background

Did you grow up... Conservative? You: Yes No Your Spouse: Yes No

Reform? You: Yes No Your Spouse: Yes No

Orthodox? You: Yes No Your Spouse: Yes No

If you are a Jew by choice, what year did you convert? You: _____ Your Spouse: _____

Who officiated at the Conversion? You: _____ Your Spouse: _____

If you are not Jewish, what denomination are you? You: _____ Your Spouse: _____

Have you been a member of another synagogue? You: Yes No Your Spouse: Yes No

Name of Synagogue _____ Location _____

Name of Synagogue _____ Location _____

Are you currently a member of another synagogue? You: Yes No Your Spouse: Yes No

Name of Synagogue _____ Location _____ Full Time or... Associate Member

1118 W. Glendale Ave.

Phoenix, AZ 85021

602-944-3359

Fax 602-944-3565

www.bethelphoenix.com

Beth El Congregation

Family Information

First Name

Last Name

Nickname

Hebrew Name

Gender

Birthday

Lives At Home?

Married?

Phone Number

**Attend(ed)
Beth El Pre-School?**

**Attend(ed)
Talmud Torah?**

Attend(ed) Day School?

First Name of Deceased

Last Name of Deceased

**Hebrew Name
of Deceased
(if known)**

Relationship to Deceased

**Civil Date of Death
(month/day/year)**

**Hebrew Date of Death
(if known) (month/day/year)**

Before/After Sunset

Children

Please list in order of age (oldest to youngest). For additional children, please attach separate sheet.

1. _____ 2. _____ 3. _____ 4. _____

Male Female Male Female Male Female Male Female

Yes No Yes No Yes No Yes No

Yes No Yes No Yes No Yes No

Yes No Yes No Yes No Yes No

Yes No Yes No Yes No Yes No

_____ Name of School _____ Name of School _____ Name of School _____ Name of School

Deceased Family Members

To be included on Yahrzeit lists. For additional family members, please attach separate sheet.

1. _____ 2. _____ 3. _____ 4. _____

Are you related to other members of Beth El?

_____ Name _____ Name _____ Name

_____ Relationship _____ Relationship _____ Relationship

Are you friends with other members of Beth El?

_____ Name _____ Name _____ Name

_____ Relationship _____ Relationship _____ Relationship

Why did you decide to join Beth El?

Beth El Congregation

**Person To Contact
In An Emergency**

**To Help Us
Help You**

Can You Help Us?

Signature

**For Office Use
Only**

Name _____ Area Code / Phone Number _____

Address _____ Relationship _____

Would you like information about...

- | | | |
|--|--|---|
| <input type="checkbox"/> Adult Bar/Bat Mitzvah | <input type="checkbox"/> Pre-School | <input type="checkbox"/> Women's League |
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Religious Services | <input type="checkbox"/> Young Adults |
| <input type="checkbox"/> Cemetery | <input type="checkbox"/> Senior Activities | <input type="checkbox"/> Youth Activities |
| <input type="checkbox"/> Havurah Groups | <input type="checkbox"/> Social Programs | |
| <input type="checkbox"/> Men's Club | <input type="checkbox"/> Talmud Torah (Religious School) | |
| <input type="checkbox"/> Other | | |

Do you have hobbies, skills, or talents that you might like to share
(e.g., ability to teach Hebrew; sing or play a musical instrument; speak about your profession)?

Would you like to volunteer for a program or committee?

- | | | |
|---|--|--|
| <input type="checkbox"/> Bikur Cholim (Visiting the Sick) | <input type="checkbox"/> Membership | <input type="checkbox"/> Shabbat Greeter |
| <input type="checkbox"/> Education | <input type="checkbox"/> Pre-School Parent Group | <input type="checkbox"/> Social Action |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Programming | <input type="checkbox"/> Synagogue Office |
| <input type="checkbox"/> Israel Action | <input type="checkbox"/> Publicity | <input type="checkbox"/> Talmud Torah Parent Group |
| <input type="checkbox"/> Library | <input type="checkbox"/> Ritual | <input type="checkbox"/> Youth Commission |

Please accept my application for membership in Beth El Congregation.

In consideration of the pledges of others, I agree to contribute the annual membership dues, building fund, and other fees as approved by the Congregation.

Signature _____ Date _____

One half of your total synagogue financial obligation must accompany the application (or an established payment schedule). You will automatically receive a subscription to our newsletter *The Echo* upon joining the Congregation.

Membership Classification _____ Dues + Building Fund _____ Member ID _____