



MEMBERSHIP APPLICATION

MARITAL STATUS: Married Single Divorced Widow

Anniversary Date ___/___/___

MEMBER 1

Gender: Female Male Non-binary/third gender Prefer to self-describe Prefer not to say

Title Mr. Mrs. Ms. Dr. Rabbi Cantor

Tribe: Kohen Levi Yisrael

Name _____ Hebrew First Name _____

Your Father's Hebrew Name _____ Your Mother's Hebrew Name _____

Birth Date ___/___/___

Date of Bar/Bat Mitzvah ___/___/___

Address _____

City _____ Zip _____ Home Phone _____ Cell Phone _____

E-mail _____

EMPLOYMENT Business Name _____ Position _____

Business Address _____ City _____ Zip _____

Nature of Business _____ Phone _____

MEMBER 2

Gender: Female Male Non-binary/third gender Prefer to self-describe Prefer not to say

Title Mr. Mrs. Ms. Dr. Rabbi Cantor

Tribe: Kohen Levi Yisrael

Name _____ Hebrew First Name _____

Your Father's Hebrew Name _____ Your Mother's Hebrew Name _____

Birth Date ___/___/___

Date of Bar/Bat Mitzvah ___/___/___

Address _____

City _____ Zip _____ Home Phone _____ Cell Phone _____

E-mail _____



MEMBERSHIP APPLICATION

EMPLOYMENT

Business Name _____ Position _____

Business Address _____ City _____ Zip _____

Nature of Business Phone _____

CHILDREN

CHILD 1

Gender Female ___ Male ___ Non-binary/third gender ___ Prefer to self-describe ___ Prefer not to say ___

Name _____ Hebrew First Name _____

Birth Date ___/___/___ Date of Bar/Bat Mitzvah ___/___/___

Address _____

City _____ Zip _____ Home Phone _____ Cell Phone _____

E-mail _____

School _____ City _____

Interests _____

CHILD 2

Gender Female ___ Male ___ Non-binary/third gender ___ Prefer to self-describe ___ Prefer not to say ___

Name _____ Hebrew First Name _____

Birth Date ___/___/___ Date of Bar/Bat Mitzvah ___/___/___

Address _____

City _____ Zip _____ Home Phone _____ Cell Phone _____

E-mail _____

School _____ City _____

Interests _____



MEMBERSHIP APPLICATION

CHILD 3

Gender Female ___ Male ___ Non-binary/third gender ___ Prefer to self-describe ___ Prefer not to say ___

Name _____ Hebrew First Name _____

Birth Date ___/___/___ Date of Bar/Bat Mitzvah ___/___/___

Address _____

City _____ Zip _____ Home Phone _____ Cell Phone _____

E-mail _____

School _____ City _____

Interests _____

CHILD 4

Gender Female ___ Male ___ Non-binary/third gender ___ Prefer to self-describe ___ Prefer not to say ___

Name _____ Hebrew First Name _____

Birth Date ___/___/___ Date of Bar/Bat Mitzvah ___/___/___

Address _____

City _____ Zip _____ Home Phone _____ Cell Phone _____

E-mail _____

School _____ City _____

Interests _____



MEMBERSHIP APPLICATION

Yahrzeits

Name of Loved One (English)	Relationship	English Date of Death	Hebrew Date of Death

PREVIOUS CONGREGATION AFFILIATION

Synagogue	City, State	Join Date	Resignation Date

What brings you to Beth Hillel Bnai Emunah?

How did you hear about us?

- Religious School
- Neighborhood Location
- Desire to be involved in Jewish community
- Interested in learning and growing Jewishly
- Other _____

- Saw an advertisement about our programs
- Attended Services
- Other _____

Please list relationship to any current BHBE member:

Name _____ Relative _____ Friend _____ Business _____



MEMBERSHIP APPLICATION

We are interested in being part of the BHBE Community and would like to join/volunteer in the following areas:

- | | |
|--|---|
| <input type="checkbox"/> Adult Ed | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Academy | <input type="checkbox"/> Men's Club |
| <input type="checkbox"/> Bikkur Cholim/Chesed Committee | <input type="checkbox"/> Ritual Committee |
| <input type="checkbox"/> Choir: Adult <input type="checkbox"/> Children <input type="checkbox"/> | <input type="checkbox"/> Sisterhood |
| <input type="checkbox"/> Communications/ Public Relations | <input type="checkbox"/> Social Action |
| <input type="checkbox"/> House & Grounds/Environmental | <input type="checkbox"/> Ways & Means |
| <input type="checkbox"/> Inclusion Committee | <input type="checkbox"/> Youth Commission |
| <input type="checkbox"/> Library | <input type="checkbox"/> Other Interest _____ |

Our children would like to participate in:

- USY (Grades 9-12) Kadima (Grades 6-8) Ruach (Grades 3-5) Youth Choir
 Club Yeladim (K-2) Youth Klezmer Band

We are available to volunteer for Mailings Phone Calls Setting up for events

Areas of expertise which you would be willing to share with the Congregation:

- Davening or Leading Service Reading Torah & Haftarah
 Public Relations/Marketing Finance
-

Today's Date ____/____/____ Signature _____