Membership Information

HOUSEHOLD INFORMA	ATION								
Family Name									
Address									
City/State/ZIP									
Home Phone #									
Marital Status Wedding Date (if applicable)									
		ADI	JLT 1	A	ADULT 2				
Title									
First Name									
Last Name									
Profession									
Work Phone #									
Cell Phone #									
Email									
Birthdate									
Hebrew Name									
Religious Background Reform, Conservative, Reconstruction (According to Congregation by-laws, o									
	CHILD 1		CHILD 2	CHILD 3	CHILD 4				
Name									
Gender									
Hebrew Name									
Birthdate									
Grade									
School									
YAHRZEITS									
Name of Deceased	Who is observed Adult Adult 2		Relationship	Date of Death	Observe English or Hebrew Date				



Membership Information Continued

TELL US ABOUT YOURSELF									
What attracted you to Beth Or?									
What do you hope to find at Beth Or?									
Do you have any extended family who are members of Beth Or?									
Does your family have any special needs we should be aware of?									
What special skills, talents, hobbies, or areas of expertise would you like to share with our community?									
Are you willing to strengthen our congregation by volunteering? \square Yes \square No									
May we list your name as a new member of the synagogue in our publications? \Box Yes \Box No									
riay we list your harne as a new member of the synagogae in our publications: ————————————————————————————————————									
PLEASE SELECT YOUR INTEREST(S) WITHIN OUR CONGREGATION									
	Adult 1	Adult 2		Adult 1	Adult 2				
APEX (Adult Programming Experience)			Music						
Brotherhood/Sisterhood			Prayer						
Early Childhood Education			Religious School						
Interfaith Family Events			Social Action						
Israel Programs			Social and Cultural Events						
Jewish Travel			Social Justice	Social Justice					
Lifelong Learning			Youth Engagement						

Welcome to Congregation Beth Or!

