



**CONGREGATION BETH EL**  
27 Shaw Street / P.O. Box 1310  
New London, CT 06320  
860-442-0418 Fax 860-442-7112  
Email: [office@bethel-nl.org](mailto:office@bethel-nl.org)

## NEW MEMBER APPLICATION

Date \_\_\_\_\_

Type of Membership Requested: ☐ Single ☐ Family ☐ Dual or Associate Membership

### Co-Applicant

Title: Mr. \_\_\_ Mrs. \_\_\_ Ms. \_\_\_ Dr. \_\_\_ Other \_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Alternate Address: \_\_\_\_\_

Dates at this address: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Date Married: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Hebrew Name (English) (include parents' names): \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

☐ Kohen ☐ Levi ☐ Israelite

### Co-Applicant

Title: Mr. \_\_\_ Mrs. \_\_\_ Ms. \_\_\_ Dr. \_\_\_ Other \_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Alternate Address: \_\_\_\_\_

Dates at this address: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Date Married: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Hebrew Name (English) (include parents' names): \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

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Please complete the information below for all children under age 18 living at home.

**Child 1**

First Name: \_\_\_\_\_

Last Name (if different): \_\_\_\_\_

Address (if different): \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Hebrew Name (in English): \_\_\_\_\_

School Name: \_\_\_\_\_

Secular School Grade: \_\_\_\_\_

Religious School Grade: \_\_\_\_\_

Bar/Bat Mitzvah Date: \_\_\_\_\_

**Child 2**

First Name: \_\_\_\_\_

Last Name (if different): \_\_\_\_\_

Address (if different): \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Hebrew Name (in English): \_\_\_\_\_

School Name: \_\_\_\_\_

Secular School Grade: \_\_\_\_\_

Religious School Grade: \_\_\_\_\_

Bar/Bat Mitzvah Date: \_\_\_\_\_

**Child 3**

First Name: \_\_\_\_\_

Last Name (if different): \_\_\_\_\_

Address (if different): \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Hebrew Name (in English): \_\_\_\_\_

School Name: \_\_\_\_\_

Secular School Grade: \_\_\_\_\_

Religious School Grade: \_\_\_\_\_

Bar/Bat Mitzvah Date: \_\_\_\_\_

**Child 4**

First Name: \_\_\_\_\_

Last Name (if different): \_\_\_\_\_

Address (if different): \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Hebrew Name (in English): \_\_\_\_\_

School Name: \_\_\_\_\_

Secular School Grade: \_\_\_\_\_

Religious School Grade: \_\_\_\_\_

Bar/Bat Mitzvah Date: \_\_\_\_\_

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**Please tell us about your interests:**

<input type="checkbox"/> Social Action	<input type="checkbox"/> Gift Shop Volunteer
<input type="checkbox"/> Ritual Committee	<input type="checkbox"/> Leading Services
<input type="checkbox"/> Event Planning	<input type="checkbox"/> Membership
<input type="checkbox"/> Reading Torah	<input type="checkbox"/> Fund Raising
<input type="checkbox"/> Other _____	

**Please list any family names that you would like added to the Yahrzeit list:**

Name: _____	Name: _____
Relationship: _____	Relationship: _____
English date: _____ (before/after sundown)	English date: _____ (before/after sundown)
Hebrew date: _____	Hebrew date: _____
 Name: _____	 Name: _____
Relationship: _____	Relationship: _____
English date: _____ (before/after sundown)	English date: _____ (before/after sundown)
Hebrew date: _____	Hebrew date: _____

## **Congregation Beth El Membership Fees**

We welcome new members to Congregation Beth El. To encourage you and your family to join our congregation, we would like to offer you complimentary membership for one year. (The first year is defined as including one High Holydays season) Please note there are a few circumstances that prevent us from offering complimentary membership, for the first year, such as having a life cycle event.

After the first year, membership fees consist of annual dues. These are calculated on a fiscal year starting on July 1 and ending on June 30. Annual membership fees are as follows:

Single Membership:	\$1733
Under 25	\$18/month
26-30	\$841
Family Membership:	\$2382
Under 30	\$1166
Associate or Dual Synagogue Membership:	\$655

Membership is automatically renewed each year unless the Board of Directors is notified in writing to the contrary.

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## **Financial Policies**

Tickets for High Holiday Services will be sent only to those members whose financial obligations are current.

Any family celebrating a Bar/Bat Mitzvah (and other life cycle events) must pay dues owed to date, and any other fees owed for that year, no later than ninety (90) days prior to the event.

If the fees noted above create a financial hardship for you and your family, we would be happy to discuss the matter with you confidentially. Adjustments can be made to accommodate your situation, as we want to encourage membership for all who are interested in joining the congregation.

**I/We hereby apply for membership to Congregation Beth El and understand my/our financial obligations as explained above.**

**Applicants Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Co-Applicants Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_