

Beth El Congregation Membership Form

8101 Park Heights Avenue, Baltimore, Maryland 21208 | 410-484-0411

All information is kept confidential

Today's Date ____/____/____

MEMBER 1

Title preferred: ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss
☐ Rabbi ☐ Cantor ☐ Hon. ☐ Mx. ☐ Prof.

First Name Middle Initial Last Name

Gender: ☐ Male ☐ Female
☐ Nonbinary ☐ Prefer not to say

Personal Pronouns: _____

Maiden Name: _____

Marital status: ☐ Married ☐ Single ☐ Engaged ☐ Widowed
☐ Divorced ☐ Separated ☐ Living Together
☐ Partner

Date of Birth: ____/____/____

Wedding/Commitment Ceremony Anniversary: Month: ____ Day: ____ Year: ____

LOCAL HOME ADDRESS:

Street: _____ Unit/Apt #: _____

City: _____ State & Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

SEASONAL ADDRESS:

Street: _____ Unit/Apt #: _____

City: _____ State & Zip: _____

Phone: _____

Dates: _____

EMPLOYMENT INFORMATION:

Occupation/Job Title: _____
☐ Full Time ☐ Part Time ☐ Retired ☐ Not Employed

Employer: _____

Business Address: _____

Business Phone: _____

Business Fax: _____

Business E-mail: _____

MEMBER 2

Title preferred: ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss
☐ Rabbi ☐ Cantor ☐ Hon. ☐ Mx. ☐ Prof.

First Name Middle Initial Last Name

Gender: ☐ Male ☐ Female
☐ Nonbinary ☐ Prefer not to say

Personal Pronouns: _____

Maiden Name: _____

Marital status: ☐ Married ☐ Single ☐ Engaged ☐ Widowed
☐ Divorced ☐ Separated ☐ Living Together
☐ Partner

Date of Birth: ____/____/____

LOCAL HOME ADDRESS:

Street: _____ Unit/Apt #: _____

City: _____ State & Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

SEASONAL ADDRESS:

Street: _____ Unit/Apt #: _____

City: _____ State & Zip: _____

Phone: _____

Dates: _____

EMPLOYMENT INFORMATION:

Occupation/Job Title: _____
☐ Full Time ☐ Part Time ☐ Retired ☐ Not Employed

Employer: _____

Business Address: _____

Business Phone: _____

Business Fax: _____

Business E-mail: _____

GETTING TO KNOW YOU!

Have you attended a Soul Center program?

☐ Yes ☐ No

Does any member of your household have any special needs or requirements of which we should be aware?

☐ Yes ☐ No

Would you like to be connected to a member of the synagogue's welcome committee?

☐ Yes ☐ No

Have you previously been a member of Beth El Congregation?

☐ Yes ☐ No

RELIGIOUS BACKGROUND

MEMBER 1

Hebrew Name (if known) _____

Are you interested in learning how to do any of the above?

☐ Yes ☐ No

Religious Tradition in which you were raised:

☐ Reform ☐ Orthodox ☐ Conservative ☐ Jew by choice

☐ Reconstructionist ☐ Secular ☐ Unaffiliated

☐ Other Religious Affiliation _____

Conversion performed by: Rabbi _____

B'nai Mitzvah ☐ Yes ☐ No Date: ____/____/____

Other previous synagogue affiliation: _____

MEMBER 2

Hebrew Name (if known) _____

Are you interested in learning how to do any of the above?

☐ Yes ☐ No

Religious Tradition in which you were raised:

☐ Reform ☐ Orthodox ☐ Conservative ☐ Jew by choice

☐ Reconstructionist ☐ Secular ☐ Unaffiliated

☐ Other Religious Affiliation _____

Conversion performed by: Rabbi _____

B'nai Mitzvah ☐ Yes ☐ No Date: ____/____/____

Other previous synagogue affiliation: _____

PARENT INFORMATION

Parent #1 English Name: _____

☐ Living ☐ Deceased

Yahrzeit English date: _____

Hebrew Name (if known): _____

Parent #2 English Name: _____

☐ Living ☐ Deceased

Yahrzeit English date: _____

Hebrew Name (if known): _____

PARENT INFORMATION

Parent #1 English Name: _____

☐ Living ☐ Deceased

Yahrzeit English date: _____

Hebrew Name (if known): _____

Parent #2 English Name: _____

☐ Living ☐ Deceased

Yahrzeit English date: _____

Hebrew Name (if known): _____

TICKETS FOR THE HIGH HOLY DAYS:

Do you require seats for the High Holy Days?

☐ Yes ☐ No

If yes, how many do you need? _____

BY AVAILABILITY - PLEASE CONFIRM WITH BETH EL STAFF

☐ Berman-Rubin Sanctuary with Rabbi Schwartz and Cantor King

☐ Offit Auditorium with Rabbi Saroken and Cantor Lesley

☐ Family Services with Cantor Blatt

THESE ARE OUR DEPENDENT CHILDREN (IF ANY) LIVING IN OUR HOME.

CHILD 1

Gender: ☐ Male ☐ Female
☐ Nonbinary ☐ Prefer not to say
 Preferred Pronouns: _____

 Name (First & Middle)

 Preferred Name (Nickname)

 Last Name (If different from yours)

(_____) _____
 Phone # (If different from yours)

 Email

 Address: (If different from yours)

 Date of Birth: ____/____/____

 Pre-School:

Religious School:

☐ Attended ☐ Attending
☐ Will Attend

B'nai Mitzvah:

☐ Yes ☐ No

 Date: ____/____/____

Confirmation:

☐ Yes ☐ No Year: _____

 Public/Private School Name:

 Class of _____ Grade _____

 Child's Hebrew Name: (If known)

 Summer Camp Name

CHILD 2

Gender: ☐ Male ☐ Female
☐ Nonbinary ☐ Prefer not to say
 Preferred Pronouns: _____

 Name (First & Middle)

 Preferred Name (Nickname)

 Last Name (If different from yours)

(_____) _____
 Phone # (If different from yours)

 Email

 Address: (If different from yours)

 Date of Birth: ____/____/____

 Pre-School:

Religious School:

☐ Attended ☐ Attending
☐ Will Attend

B'nai Mitzvah:

☐ Yes ☐ No

 Date: ____/____/____

Confirmation:

☐ Yes ☐ No Year: _____

 Public/Private School Name:

 Class of _____ Grade _____

 Child's Hebrew Name: (If known)

 Summer Camp Name

CHILD 3

Gender: ☐ Male ☐ Female
☐ Nonbinary ☐ Prefer not to say
 Preferred Pronouns: _____

 Name (First & Middle)

 Preferred Name (Nickname)

 Last Name (If different from yours)

(_____) _____
 Phone # (If different from yours)

 Email

 Address: (If different from yours)

 Date of Birth: ____/____/____

 Pre-School:

Religious School:

☐ Attended ☐ Attending
☐ Will Attend

B'nai Mitzvah:

☐ Yes ☐ No

 Date: ____/____/____

Confirmation:

☐ Yes ☐ No Year: _____

 Public/Private School Name:

 Class of _____ Grade _____

 Child's Hebrew Name: (If known)

 Summer Camp Name

THESE ARE OUR CHILDREN (IF ANY) LIVING OUTSIDE OUR HOME.

CHILD 1

Gender: ☐ Male ☐ Female
☐ Nonbinary ☐ Prefer not to say

Title preferred: ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms.
☐ Miss ☐ Rabbi ☐ Cantor
☐ Hon. ☐ Mx. ☐ Prof.

 Name (First & Middle)

 Preferred Name (Nickname)

 Last Name (If different from yours)

 Spouse's First & Last Name

 Email

(_____) _____
 Phone

Child's Address

Date of Birth: ____/____/____

B'nai Mitzvah:

☐ Yes ☐ No

Date: ____/____/____

Confirmation:

☐ Yes ☐ No Year: _____

Marital status:

☐ Married ☐ Single ☐ Engaged
☐ Widowed ☐ Divorced ☐ Separated
☐ Living Together ☐ Partner

Child's Hebrew Name (If known)

Child's Synagogue Affiliation

CHILD 2

Gender: ☐ Male ☐ Female
☐ Nonbinary ☐ Prefer not to say

Title preferred: ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms.
☐ Miss ☐ Rabbi ☐ Cantor
☐ Hon. ☐ Mx. ☐ Prof.

 Name (First & Middle)

 Preferred Name (Nickname)

 Last Name (If different from yours)

 Spouse's First & Last Name

 Email

(_____) _____
 Phone

Child's Address

Date of Birth: ____/____/____

B'nai Mitzvah:

☐ Yes ☐ No

Date: ____/____/____

Confirmation:

☐ Yes ☐ No Year: _____

Marital status:

☐ Married ☐ Single ☐ Engaged
☐ Widowed ☐ Divorced ☐ Separated
☐ Living Together ☐ Partner

Child's Hebrew Name (If known)

Child's Synagogue Affiliation

CHILD 3

Gender: ☐ Male ☐ Female
☐ Nonbinary ☐ Prefer not to say

Title preferred: ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms.
☐ Miss ☐ Rabbi ☐ Cantor
☐ Hon. ☐ Mx. ☐ Prof.

 Name (First & Middle)

 Preferred Name (Nickname)

 Last Name (If different from yours)

 Spouse's First & Last Name

 Email

(_____) _____
 Phone

Child's Address

Date of Birth: ____/____/____

B'nai Mitzvah:

☐ Yes ☐ No

Date: ____/____/____

Confirmation:

☐ Yes ☐ No Year: _____

Marital status:

☐ Married ☐ Single ☐ Engaged
☐ Widowed ☐ Divorced ☐ Separated
☐ Living Together ☐ Partner

Child's Hebrew Name (If known)

Child's Synagogue Affiliation

Are you related to other members of Beth El? ☐ Yes ☐ No

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Yahrzeit Information

Name	Relationship to Member	Member #1	Member #2	Month	Day	Year	AM/PM
		NAME	NAME				

Cemetery Information:

Do you own a cemetery plot?

☐ Yes, at Beth El ☐ No, not anywhere

☐ Yes, at _____

☐ Interested in purchasing lots

By signing this form, I/we understand that I/we are responsible for all financial obligations that I/we incur with Beth El Congregation.

Signature of Applicant #1

Date: _____

Signature of Applicant #2

Date: _____

MUST BE SIGNED BY ADULT APPLICANT(S)

FOR OFFICE USE

Account #: _____ Membership Date: ____/____/____ Check Enclosed: _____

☐ Seat Assignment Form

☐ Cemetery Lots Noted

☐ Have Email Address (List serve and code 14)