

**APPLICATION FOR MEMBERSHIP
BETH EL CONGREGATION**

8101 Park Heights Avenue, Baltimore, Maryland 21208-1799 410-484-0411

Today's Date ____/____/____

(All information is kept CONFIDENTIAL)

FOR OFFICE USE

Account #: _____

Membership Date: ____/____/____

Check Enclosed: _____

ADULT # 1

Title you prefer: Dr. Mr. Mrs. Ms. Miss

First name & middle initial: _____

Last Name: _____

Informal name: _____
(nickname)

Maiden name: _____

Marital status: Married Single Engaged
 Divorced Separated Widowed

Date of birth: Mo. ____/Day ____/Year ____

Wedding Anniversary: Mo. ____/Day ____/Year ____

Local home address: Street: _____

Unit/Apt. #: _____

City: _____

State & Zip: _____

Home Phone #: _____

Home e-mail: _____

Occupation-Job Title: _____

Full time Part time Retired

Employer: _____

Business address: _____

Business phone: _____

Business Fax: _____

Business e-mail: _____

ADULT # 2

Dr. Mr. Mrs. Ms. Miss

First name & middle initial: _____

Last Name: _____

Informal name: _____
(nickname)

Maiden name: _____

Marital status: Married Single Engaged
 Divorced Separated Widowed

Date of birth: Mo. ____/Day ____/Year ____

Full time Part time Retired

Employer: _____

Business address: _____

Business phone: _____

Business Fax: _____

Business e-mail: _____

FOR OFFICE USE:

- MEMO ENTRY BOOK OF REMEMBRANCE ENTRY BUILDING FUND FUTURE ENTRY
 BILLED: SEATS BUILDING FUND SEAT ASSIGNMENT FORM
 CEMETERY LOTS NOTED HAVE EMAIL ADDRESS (LIST SERVE AND CODE 14)

Do you require seats for the High Holidays?

YES NO

If yes, how many seats do you need? _____

ADULT #1

ADULT #2

Jewish tradition in which you were raised:

Reform Conservative
 Orthodox Secular
 Jew by choice Reconstructionist
 Non-Jew _____
(Denomination)

Reform Conservative
 Orthodox Secular
 Jew by choice Reconstructionist
 Non-Jew _____
(Denomination)

Conversion performed by:

Rabbi _____

Rabbi: _____

Jewish Education:

Bar/Bat Mitzvah Date: ____/____/____

Bat/Bat Mitzvah Date: ____/____/____

Hebrew School

Confirmation Year: _____
At Beth El Yes No

Confirmation Year: _____
At Beth El Yes No

Other previous synagogue affiliation: _____

Do you own a cemetery plot?

Yes, at Beth El
 No, not anywhere
 Yes, at _____
 Interested in purchasing lots

Yes, at Beth El
 No, not anywhere
 Yes, at _____
 Interested in purchasing lots

Your Hebrew name (if known) _____

PARENT INFORMATION

PARENT INFORMATION

Parent #1 English Name: _____

Living Deceased

Living Deceased

Yahzeit English date: _____

Parent #1 Hebrew Name: (if known) _____

Parent #2 English Name: _____

Living Deceased

Living Deceased

Yahzeit English date: _____

Parent #2 Hebrew Name: (if known) _____

**(THOSE CHILDREN WHO LIVE AT HOME AND ARE STILL ENROLLED
IN A FULL TIME EDUCATION PROGRAM)**

(Attach additional sheet if needed)

CHILD 1

Sex: Male Female

Name: (First & Middle)

Preferred Name: (Nickname)

Last Name (If different from yours)

Home Phone# (If different from yours)

() _____

Date of Birth:

Mo. ____/Day ____/Yr. ____

Pre-School:

Hebrew School:

Attended Attending

Will Attend

Bar/Bat Mitzvah:

Yes No

Mo. ____/Day ____/Yr. ____

Confirmation:

Yes No Year ____

Public/Private School Name:

Class of _____ Grade _____

Childs Hebrew Name: (If known)

Child's Address: (If different from yours)

CHILD 2

Sex: Male Female

Name: (First & Middle)

Preferred Name: (Nickname)

Last Name (If different from yours)

Home Phone# (If different from yours)

() _____

Date of Birth:

Mo. ____/Day ____/Yr. ____

Pre-School:

Hebrew School:

Attended Attending

Will Attend

Bar/Bat Mitzvah:

Yes No

Mo. ____/Day ____/Yr. ____

Confirmation:

Yes No Year ____

Public/Private School Name:

Class of _____ Grade _____

Childs Hebrew Name: (If known)

Child's Address: (If different from yours)

CHILD 3

Sex: Male Female

Name: (First & Middle)

Preferred Name: (Nickname)

Last Name (If different from yours)

Home Phone# (If different from yours)

() _____

Date of Birth:

Mo. ____/Day ____/Yr. ____

Pre-School:

Hebrew School:

Attended Attending

Will Attend

Bar/Bat Mitzvah:

Yes No

Mo. ____/Day ____/Yr. ____

Confirmation:

Yes No Year ____

Public/Private School Name:

Class of _____ Grade _____

Childs Hebrew Name: (If known)

Child's Address: (If different from yours)

**PLEASE FILL IN THE FOLLOWING INFORMATION AS IT APPLIES TO EACH
OF YOUR INDEPENDENT CHILDREN
(THOSE CHILDREN WHO HAVE COMPLETED THEIR EDUCATION AND
ARE LIVING HOME OR OUTSIDE THE HOME)**

(Attach additional sheet if needed)

CHILD 1	CHILD 2	CHILD 3
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.
Name: (First & Middle)	Name: (First & Middle)	Name: (First & Middle)
Preferred Name: (Nickname)	Preferred Name: (Nickname)	Preferred Name: (Nickname)
Last Name: (If different from yours)	Last Name: (If different from yours)	Last Name: (If different from yours)
Spouse's First Name:	Spouse's First Name:	Spouse's First Name:
Home Phone #: (If different from yours) (____) _____	Home Phone #: (If different from yours) (____) _____	Home Phone #: (If different from yours) (____) _____
Date of Birth: Mo. ____/Day ____/Yr. ____	Date of Birth: Mo. ____/Day ____/Yr. ____	Date of Birth: Mo. ____/Day ____/Yr. ____
Is child living at home? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is child living at home? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is child living at home? <input type="checkbox"/> Yes <input type="checkbox"/> No
Bar/Bat Mitzvah: <input type="checkbox"/> Yes <input type="checkbox"/> No Mo. ____/Day ____/Yr. ____	Bar/Bat Mitzvah: <input type="checkbox"/> Yes <input type="checkbox"/> No Mo. ____/Day ____/Yr. ____	Bar/Bat Mitzvah: <input type="checkbox"/> Yes <input type="checkbox"/> No Mo. ____/Day ____/Yr. ____
Confirmation: <input type="checkbox"/> yes <input type="checkbox"/> No	Confirmation: <input type="checkbox"/> yes <input type="checkbox"/> No	Confirmation: <input type="checkbox"/> yes <input type="checkbox"/> No
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated
Child's Hebrew Name: (If known)	Child's Hebrew Name: (If known)	Child's Hebrew Name: (If known)
Child's Synagogue Affiliation:	Child's Synagogue Affiliation:	Child's Synagogue Affiliation:
Child's Home Address: (If different from yours)	Child's Home Address: (If different from yours)	Child's Home Address: (If different from yours)
Street:	Street:	Street:
City, State, Zip:	City, State, Zip:	City, State, Zip:

Yahrzeit Information

NAME AND RELATIONSHIP TO DECEASED	RELATIONSHIP TO ADULT		ENGLISH DATE			
	#1	#2	MONTH	DAY	YEAR	AM/PM

By signing this application, I /We understand that I/We are responsible for all financial obligations the I/We occur with Beth El Congregation.

Signature of Applicant #1

Signature of Applicant #2

Date: _____

Date: _____

MUST BE SIGNED BY BOTH ADULT APPLICANTS