



Temple Beth El

1305 Springhouse Road
Allentown, PA 18104

Phone: 610-435-3521 ♦ Fax: 610-435-7704

Moshe Re'em, Rabbi
Marc Fisher, President

Kevin D. Wartell, Cantor Educator Emeritus
Michelle Rohrbach, Executive Director

Temple Beth El Membership Information

Information About Household Member #1

Name: _____ M F

Home Address:

(Number and Street, Apt. or Suite #)

(City, State, and Zip Code)

Home Phone: () _____

Cell Phone: () _____

E-mail Address: _____

Information About Household Member #2

Name: _____ M F

Second Address: (Optional)

(Number and Street, Apt. or Suite #)

(City, State, and Zip Code)

Home Phone: () _____

Cell Phone: () _____

E-mail Address: _____

Anniversary (mm/dd/yy): _____

Marital Status: Single () Married ()

Partnered () Widowed () Divorced ()

Separated ()

For Aliyot: Kohen () Levi ()

Birth Date (mm/dd/yy): _____

Salutation: Mr. () Dr. () Atty. ()

Mrs. () Ms. () Miss ()

Hebrew Name: _____

Son or Daughter of _____

And _____

Occupation: _____

Work Address: _____

Business Phone: () _____

For Aliyot: Kohen () Levi ()

Birth Date (mm/dd/yy): _____

Salutation: Mr. () Dr. () Atty. ()

Mrs. () Ms. () Miss ()

Hebrew Name: _____

Son or Daughter of _____

And _____

Occupation: _____

Work Address: _____

Business Phone: () _____

Previous Synagogue Affiliation

Synagogue Name: _____

Address: _____

(Number and Street, Apt. Suite #, City, State, and Zip Code)

No Previous Affiliation: _____

Information About Child(ren)

(Please complete for each dependent child)

Name: _____

Hebrew Name: _____

School Grade: _____ Birth Date: ___/___/___

Name of School: _____

Name: _____

Hebrew Name: _____

School Grade: _____ Birth Date: ___/___/___

Name of School: _____

Name: _____

Hebrew Name: _____

School Grade: _____ Birth Date: ___/___/___

Name of School: _____

Name: _____

Hebrew Name: _____

School Grade: _____ Birth Date: ___/___/___

Name of School: _____



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Organizations and/or Committees you would be interested in:

(Please put Initials)

| | |
|---|-------------------------------------|
| Adult Education: _____ | Fundraising & Event Planning: _____ |
| Archives: _____ | Helping Those in Need: _____ |
| Chesed: _____ | Jewish Family Education: _____ |
| Chevra Kadisha: _____ | Library: _____ |
| Class Parent: _____ (in Hebrew School) | Men's Club: _____ |
| Cultural Arts: _____ | Ritual & Services: _____ |
| | Sisterhood: _____ |

Other Talents

(Please Answer Yes or No)

Can you chant Torah? _____

Can you chant the Haftarah? _____

Are you interested in helping with mailings? _____

Are you interested in helping with onegs and kiddushim? _____

Are you interested in learning more about Judaism? _____

Children's Interests

Examples: Kadima, USY, Junior Choir

Yahrzeits

Please list the departed for whom you observe Yahrzeit

| English Name | Hebrew Name | Relationship | English Date of Death (mm/dd/yy) Before or After Sundown | Hebrew Date of Death |
|--------------|-------------|--------------|--|----------------------|
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No Jewish family will be deprived of the opportunity for membership in Temple Beth El where extenuating circumstances preclude minimum dues. The Dues Evaluation Committee will discuss members' obligations personally and confidentially.

Clergy _____