

# New Member Application

## Temple Beth Am

7205 Royal Palm Blvd., Margate, FL 33063  
(954) 968-4545 • Fax (954) 970-4281 • www.beth-am.org

We are pleased that you have chosen to join Temple Beth Am. To further your full involvement in the life of the congregation, we ask that you carefully complete this application. The data you share with us remains in complete confidence.

Date: \_\_\_\_\_ Membership Type (for office use only): \_\_\_\_\_

Family Name: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Circle preferred method of contact (please circle):

**MAIL**

**EMAIL**

By signing below I agree to receive notifications from Temple Beth Am by electronic mail at the following email address. I agree to notify the Temple Beth Am office in the event my email address changes.

Member Signature \_\_\_\_\_

Email Address you would like notifications sent to \_\_\_\_\_

\*\*signature not required if receiving by mail\*\*

Second Email Address you would like notifications sent to, if any \_\_\_\_\_

Are you currently a member of another synagogue?

Yes No

If yes, name & location of synagogue

\_\_\_\_\_

Have you ever affiliated with another synagogue?

Yes No

If yes, when and where

\_\_\_\_\_

## Children

English Name:

Hebrew Name:

Gender:

DOB:

English Name:	Hebrew Name:	Gender:	DOB:

## Volunteer Opportunities

Check the areas in which you have an interest in serving (please mark the initials of the person who would like to volunteer):

\_\_\_\_\_ Bingo

\_\_\_\_\_ Bulletin

\_\_\_\_\_ Ritual Committee

\_\_\_\_\_ Adult Education

\_\_\_\_\_ Membership

\_\_\_\_\_ Youth Groups

\_\_\_\_\_ Library

\_\_\_\_\_ Minyonaires

\_\_\_\_\_ Usher Committee

\_\_\_\_\_ Men's Club

\_\_\_\_\_ Choir

\_\_\_\_\_ Concert Committee

\_\_\_\_\_ Sisterhood

\_\_\_\_\_ Fundraising

Service / Skills you are able to offer: \_\_\_\_\_

Past Organizational / Synagogue Experience: \_\_\_\_\_

❖ Temple Beth Am is seeking volunteers in order to continue the success of its Monday and Wednesday Bingo.  
If you are able to volunteer, please contact the Temple office at 954-968-4545.

**Primary Member**

Male  
 Female

Title \_\_\_\_\_ First Name \_\_\_\_\_  
Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_  
Preferred Name (i.e. nickname) \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Marital Status**

Single  Married (Date: \_\_/\_\_/\_\_)  Widow(ed)  Divorced

**Occupation**

Employer \_\_\_\_\_  
Position \_\_\_\_\_  Full Time  Part Time  
Business Street Address \_\_\_\_\_  
Business City / Sate / Zip code \_\_\_\_\_  
Business Phone \_\_\_\_\_ Business Email \_\_\_\_\_

**Primary Member**

Male  
 Female

Title \_\_\_\_\_ First Name \_\_\_\_\_  
Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_  
Preferred Name (i.e. nickname) \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Marital Status**

Single  Married (Date: \_\_/\_\_/\_\_)  Widow(ed)  Divorced

**Occupation**

Employer \_\_\_\_\_  
Position \_\_\_\_\_  
Business Street Address \_\_\_\_\_  
Business City / Sate / Zip code \_\_\_\_\_  
Business Phone \_\_\_\_\_ Business Email \_\_\_\_\_

Are all immediate family members Jewish? \_\_\_\_\_

If no, who is not Jewish? \_\_\_\_\_

If a conversion took place, who is converted? \_\_\_\_\_

What type of Rabbi performed conversion?  
 Orthodox  Conservative  Reform  Other

Do you have a Kosher home?  Yes  No

Your Hebrew Name is: \_\_\_\_\_

Are you descended from:  Kohen  Levi  Yisroel

Mother's Hebrew Name: \_\_\_\_\_

Father's Hebrew Name: \_\_\_\_\_

Were you, your parents, or your grandparents survivors of the Holocaust?  Yes  No

Are all immediate family members Jewish? \_\_\_\_\_

If no, who is not Jewish? \_\_\_\_\_

If a conversion took place, who is converted? \_\_\_\_\_

What type of Rabbi performed conversion?  
 Orthodox  Conservative  Reform  Other

Do you have a Kosher home?  Yes  No

Your Hebrew Name is: \_\_\_\_\_

Are you descended from:  Kohen  Levi  Yisroel

Mother's Hebrew Name: \_\_\_\_\_

Father's Hebrew Name: \_\_\_\_\_

Were you, your parents, or your grandparents survivors of the Holocaust?  Yes  No

- I/We confirm that I/we am/are not a current member(s) of another synagogue, and have not been a member/members of Temple Beth Am of Margate in the past twelve (12) months.
- High Holy Day tickets are available for an additional fee.
- By signing this membership application, I/we agree to abide by the rules and regulations of Temple Beth Am in Margate, Inc., as outlined in the By-Laws, and I/we further agree to assume proper financial obligations for School Tuition, Pledges and Assessments, as properly assessed by Temple Beth Am.
- I authorize Temple Beth Am (TBA) to publish photographs of myself and/or my child(ren), and our names for use in TBA print, online and video-based marketing materials and release TBA and their representatives from all claims and liability relating to said photographs/media.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Please Print \_\_\_\_\_

Rabbi Approval  Yes  No \_\_\_\_\_