



# Membership Application

Welcome to Temple Beth-El & Temple Israel.

Please return this form as soon as you complete it. Please print clearly. Welcome!

## PERSONAL INFORMATION

	Adult 1	Adult 2
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other
Full Name		
Address (Street, City, State, Zip)		
	<input type="checkbox"/> Single <input type="checkbox"/> Married Date: ___/___/___ <input type="checkbox"/> Widowed <input type="checkbox"/> Other _____	<input type="checkbox"/> Single <input type="checkbox"/> Married Date: ___/___/___ <input type="checkbox"/> Widowed <input type="checkbox"/> Other _____
	<input type="checkbox"/> Jewish <input type="checkbox"/> Non-Jewish	<input type="checkbox"/> Jewish <input type="checkbox"/> Non-Jewish
Maiden Name		
Hebrew Name		
Home/Cell Phone		
Email Address		
Date of Birth	Month _____ Day _____ Year _____	Month _____ Day _____ Year _____
Parent 1 Eng/Heb Name		
Parent 2 Eng/Heb Name		
Parent 3 Eng/Heb Name		
Parent 4 Eng/Heb Name		
Religious Background	<input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Jewish Unaffiliated <input type="checkbox"/> Other _____	<input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Jewish Unaffiliated <input type="checkbox"/> Other _____
Most recent or current Congregational affiliation (if applicable)	Synagogue _____	Synagogue _____

## CHILDREN'S INFORMATION

Children 25 years and younger are included in your membership. If you require more space, please include additional information on a separate sheet of paper and attach to the completed application form.

	Child 1: Gender:	Child 2: Gender:	Child 3: Gender:	Child 4: Gender:
First Name				
Middle Name				
Last Name				
Preferred Name				
Hebrew Name				
Current Grade in School				
Birth Date Month/Day/Year				
Email Address				
School or University Information				

## REFERRAL INFORMATION

### How did you hear about us?

- Referred by \_\_\_\_\_
- Website
- Temple Beth-El & Temple Israel Bulletin
- Signage on Property
- Live in Neighborhood
- Newspaper or other Publication
- Other (Please specify) \_\_\_\_\_

### Reason for joining?

Children in or will be starting in (check all that apply):

- Temple Beth-El Religious School
- TBE Preschool
- TBE Elementary School
- 
- Worship Services
- Adult Learning
- New to Area/Meet People
- Community/Life Cycle Events
- Other (please specify) \_\_\_\_\_

## Yahrzeit Information

Please list any family members for whom you would like to receive yahrzeit reminders (anniversary of death):

English Name	Date of death (secular): Month/Day/Year	Relationship:
Hebrew Name	Date of death (Hebrew): Month/Day/Year	Relationship:
English Name	Date of death (secular): Month/Day/Year	Relationship:
Hebrew Name	Date of death (Hebrew): Month/Day/Year	Relationship:

<b>Yahrzeit Information</b>		
English Name	Date of death (secular): Month/Day/Year	Relationship:
Hebrew Name	Date of death (Hebrew): Month/Day/Year	Relationship:
English Name	Date of death (secular): Month/Day/Year	Relationship:
Hebrew Name	Date of death (Hebrew): Month/Day/Year	Relationship:

If you require more space, please include additional information on a separate sheet of paper and attach to the completed application form.

### **OPPORTUNITIES FOR PARTICIPATION**

We encourage all members of the congregation to take an active part in Temple life. We would especially like to learn the areas of Temple participation which interest you and would welcome your involvement in any of the TBE & TI organizations & activities. Please circle any areas of interest and indicate Adult 1, Adult 2 or both.

<b>EDUCATION &amp; RITUAL</b>	<b>TEMPLE COMMITTEES</b>	<b>SOCIAL ACTION &amp; SERVICE</b>	<b>FUNDRAISING</b>
Adult Learning	Membership & Hospitality	Social Action/Mitzvah	Development Committee
Music & Choir	Nefesh	Assisting with Office Work	Raffle
Teaching/Tutor/Hebrew	House & Grounds	Jewish Federation	SCRIP
Holiday Celebrations	Ritual Committee	Religious School Activities and Projects	Dinners
Torah Study	Publicity	Youth Group	Youth Group Fundraisers
Chavurah	Adult Learning	Visiting Sick & Bereaved	Dances
<b>AFFILIATES</b>	Religious School	Bulletin Writing	Gala
Sisterhood	Budget & Finance	Gardening & Grounds	Small Events
Brotherhood	Usher/Greeter	Maintenance & Building	Capital Campaign

We like to introduce new member families to the congregation in our monthly Bulletin. Please write any biographical information not included elsewhere in this form that would help our congregation get to know your family (i.e.: career, hometown, reason for coming to the Ormond Beach area, interesting and unusual hobbies or family traditions, children's activities, etc.). We would especially like to learn what you are looking forward to participating in at TBE & TI.

I/We, \_\_\_\_\_, want to become a member of Temple Beth-El & Temple Israel, making a personal and financial commitment to the support and continuation of this community. I/we are able to support the Temple at the following level (see page 5):  
\_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Temple Beth-El Social Media Network



**What better way to spread the word about Temple Beth-El events, news and happenings than through our Social Media Networks!**

**Please follow us on Facebook, Twitter and Instagram!**

For privacy purposes, please read & indicate your opt out preference, then return this form to the Temple Beth-El Office.

I give Temple Beth-El permission to use & publish photographs/images, audio or video footage of myself or my child/ren for promotional purposes on social media , website and Bulletin.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

I do not give temple Beth-El permission to use our photographs/images for any purpose.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

*Return to: Temple Beth-El, 579 N Nova Rd, Ormond Beach FL 32174*