



TEMPLE BETH-EL

579 N Nova Road
Ormond Beach FL 32174
(386) 675-6615

Membership Application

Name: _____ Phone: _____

Address: _____ Cell (husb): _____

City, State, Zip: _____ Cell (wife): _____

Email: _____

Other Address: _____

Please accept my application for membership in Temple Beth-El.
My annual dues will be \$ _____. My Building Fund pledge will be \$ _____,
payable over a 7 year period in equal installments. Application should be accompanied by a
check for at least 50% of yearly dues and building fund pledge.

According to our by-laws, membership in the congregation shall be available to any person of
the Jewish faith or any person not a member of another faith wishing to associate with the Jewish
faith and Temple Beth-El and who subscribes to the principles of Reform Judaism and fulfills the
other requirements of the by-laws and regulations of the Board of Trustees.

Signed: _____ Date: _____

MARITAL STATUS:

___ Married (Date of Marriage: _____) ___ Single ___ Separated ___ Divorced

MALE:

First & Middle Names: _____ Date of Birth: _____

Occupation: _____ Business Name: _____

Parent's Names: _____

Religious background:

___ Reform ___ Conservative ___ Orthodox ___ None

Non-Jewish (Denomination: _____) Jewish by Choice (Conversion Date: _____)

Date of Bar Mitzvah: _____ Date of Confirmation: _____

Previous Congregation: _____

(See Reverse Side for Page 2)

FEMALE:

First & Middle Names: _____ Date of Birth: _____
Maiden Name: _____
Occupation: _____ Business Name: _____
Parent's Names: _____

Religious background:

Reform Conservative Orthodox None
Non-Jewish (Denomination: _____) Jewish by Choice (Conversion Date: _____)
Date of Bar Mitzvah: _____ Date of Confirmation: _____
Previous Congregation: _____

CHILDREN AT HOME

1. Full Name: _____ Sex: _____ Date of Birth: _____
In household? Y N Cell Phone #: _____ Email: _____
Date of Bar/Bat Mitzvah: _____ Yr of Conf: _____
Religious School Grade: _____ School Attending: _____

2. Full Name: _____ Sex: _____ Date of Birth: _____
In household? Y N Cell Phone #: _____ Email: _____
Date of Bar/Bat Mitzvah: _____ Yr of Conf: _____
Religious School Grade: _____ School Attending: _____

3. Full Name: _____ Sex: _____ Date of Birth: _____
In household? Y N Cell Phone #: _____ Email: _____
Date of Bar/Bat Mitzvah: _____ Yr of Conf: _____
Religious School Grade: _____ School Attending: _____

4. Full Name: _____ Sex: _____ Date of Birth: _____
In household? Y N Cell Phone #: _____ Email: _____
Date of Bar/Bat Mitzvah: _____ Yr of Conf: _____
Religious School Grade: _____ School Attending: _____

TEMPLE ACTIVITIES THAT INTEREST YOU & YOUR CHILDREN:

Adult Education Religious School Choir Social Action
 Welcoming Membership Volunteer Service Youth Programs
 Board of Trustees WRJ Sisterhood Ritual Home Library

DECEASED MEMBERS OF YOUR FAMILY TO BE INCLUDED ON YAHRZEIT LIST

(Please state whether Hebrew or English date is preferred)

Name: _____ Date of Death: _____
Relationship: _____

Name: _____ Date of Death: _____
Relationship: _____

Name: _____ Date of Death: _____
Relationship: _____