**Membership Application**

Temple Beth El

5150 Calkins Rd. ~ Flint, MI 48532 - 3403

Phone: (810) 720-9494 ~ Fax: (810) 720-1912

 Email – tbeflint@gmail.com

*Providing the detailed information requested here will enable us to better serve your needs and interests.*

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|   |  |
| **PLEASE PRINT**  **Membership Type:** Full \_\_\_\_\_\_ Associate \_\_\_\_\_\_  |  **Date: \_\_\_\_\_\_\_\_\_\_\_\_**  |
|   |  |
|    |  Adult #1  |  Adult #2  |
| Title:  | Dr. Mr. Mrs. Ms. Miss Other  | Dr. Mr. Mrs. Ms. Miss Other  |
| First Name:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Middle Name:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Last Name:    | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Date of Birth:    | \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_  | \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_  |
| Local Address:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
|    |  Street  |
|   | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
|    |  City State Zip  |
| Home Phone:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| E-mail Address:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Cell Phone  | Name \_\_\_\_\_\_\_\_\_\_ ( ) \_\_\_\_\_\_\_\_\_\_ Name\_\_\_\_\_\_\_\_ ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

May this contact information be distributed to the Congregation? Yes \_\_\_\_\_ No\_\_\_\_\_

Family Status: ⁫ Married ⁫ Divorced ⁫ Widowed ⁫ Separated ⁫ Single Wedding Anniversary: \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_

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|    |  Adult #1  |   |  Adult #2  |
| Jewish Tradition in  | ⁫ Reform ⁫ Conservative  |   | ⁫ Reform ⁫ Conservative  |
| Which You Were Raised:   | ⁫ Orthodox ⁫ Secular  |   | ⁫ Orthodox ⁫ Secular  |
| If Not Raised in the Jewish  | ⁫ A Jew by Choice  |   | ⁫ A Jew by Choice  |
| Tradition, Are You:  | ⁫ Not Jewish  |   | ⁫ Not Jewish  |
|     |  Religion \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |   |  Religion \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Your Jewish Education:  | ⁫ Religious School  |   | ⁫ Religious School  |
|   | ⁫ Bar/Bat Mitzvah  |   | ⁫ Bar/Bat Mitzvah  |
|    | ⁫ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |   | ⁫ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Your Hebrew Name:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |   | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Father’s Hebrew Name:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |   | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Mother’s Hebrew Name:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |   | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

Previous Temple/Synagogue Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
|    |   |  Name  |  Address, City, State  |
|   |   |   |   |
| Occupation:  |   | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |   | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Company Name:  |   | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |   | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Address:  |   | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |   | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
|   |   | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |   | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Phone:  |   | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |   | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Fax #:  |   | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |   | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| E-mail Address:  |   | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |   | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| May this information be distributed to the Congregation? Yes \_\_\_\_\_ No\_\_\_\_\_  |   | Yes \_\_\_\_\_ No\_\_\_\_\_  |

Would you provide an occasional business or professional service to the Temple?

 Yes \_\_\_\_\_\_ No\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_ No\_\_\_\_\_\_

If Retired,

Previous Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please list children living in your home.

|  |  |
| --- | --- |
| Child #1:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex:\_\_\_\_\_\_\_\_\_  |
|   | Last First Middle  |
|    | Date of Birth: \_\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_ Hebrew Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Child #2:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex:\_\_\_\_\_\_\_\_\_  |
|   | Last First Middle  |
|    | Date of Birth: \_\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_ Hebrew Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Child #3:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex:\_\_\_\_\_\_\_\_\_  |
|   | Last First Middle  |
|    | Date of Birth: \_\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_ Hebrew Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Child #4:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex:\_\_\_\_\_\_\_\_\_  |
|   | Last First Middle  |
|   | Date of Birth: \_\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_ Hebrew Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

Do you have children in college? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_ Year in College: \_\_\_\_\_\_\_\_

College Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ College Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Yahrzeit Listings**

Please list names and dates of death of your departed for whom you wish Yahrzeit notices sent.

Information must be complete in order for us to enter these names into our computer.

Do you want notification of the Hebrew date or the English date? ⁫ English date Hebrew date

1. Name Relationship Related to

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 English Date Hebrew Date Time of Death

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name Relationship Related to

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 English Date Hebrew Date Time of Death

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name Relationship Related to

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 English Date Hebrew Date Time of Death

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name Relationship Related to

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 English Date Hebrew Date Time of Death

|  |
| --- |
|  5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name Relationship Related to  |
|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
|  English Date  |  Hebrew Date  |  Time of Death  |

6. Name Relationship Related to

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ English Date Hebrew Date Time of Death

Would you be interested in sitting on one of Temple Beth El’s standing committees?

|  |  |  |
| --- | --- | --- |
|   |  Adult #1  |  Adult #2  |
| ***Caring*** – Provides support structure by the Temple to reach congregants who are ill, bereaved, or in need of emotional support. Also provides services to congregants requiring special help.   |  ⁫  |   |  ⁫  |
| ***Education*** – Oversees all facets of the Temple’s educational programming including schools, camps, youth programs, family support group and adult education.   |  ⁫  |   |  ⁫  |
| ***Membership*** – Formulates and implements programs for attracting new members and non-active members into congregational activities.   |  ⁫  |   |  ⁫  |
| ***Outreach*** – Introduces prospective Jews-by-choice, those who have recently chosen Judaism, and couples of interfaith marriage to the Jewish community and to Jewish life.   |  ⁫  |   |  ⁫  |
| ***Social Action*** – Develops programs to involve Temple Beth El members in projects to alleviate human suffering.   |  ⁫  |   |  ⁫  |
| ***Ritual Music*** – Plans, develops, and advances the religious services and activities of the Temple under the leadership of the Rabbi.  |  ⁫  |   |  ⁫  |

# Privileges of Membership

* Rabbi’s services
* Voting on all matters at general meetings of the Congregation
* Children to attend religious school
* Consecration, bar or bat mitzvah, and confirmation of children
* Membership open to all Temple auxiliaries
* Use of Temple cemetery (subject to its rules and regulations)
* Other usual prerogatives of membership

# Dues and Assessments

All dues assessments are determined by the Board of Trustees.

A check for a minimum of $25.00 must accompany each application.

Dues are set by the Board of Trustees only.

The Membership committee can only recommend your probable dues.

I agree to fulfill my financial obligation to Temple Beth El.

*Signatures*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adult #1 Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adult #2 Date