



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

## Temple Beth El Membership Application Form

979 Dickinson Street • Springfield, MA 01108 • (413) 733-4149 • www.tbespringfield.org

Adult 1	Adult 2
Name	Name
Marital Status	Anniversary Date
Home Address	
City, State, Zip	
Secondary Address:	
Hebrew Name (in English)	Hebrew Name (in English)
Primary Phone# <span style="float: right;"><input type="checkbox"/> Home <input type="checkbox"/> Cell</span>	Primary Phone # <span style="float: right;"><input type="checkbox"/> Home <input type="checkbox"/> Cell</span>
Secondary Phone # <span style="float: right;"><input type="checkbox"/> Home <input type="checkbox"/> Cell</span>	Secondary Phone # <span style="float: right;"><input type="checkbox"/> Home <input type="checkbox"/> Cell</span>
Email	Email
Date of Birth	Date of Birth
Jewish: YES    NO	Jewish: YES    NO
Occupation	Occupation
Employer	Employer

### Children Currently Living in Household:

English Name	Hebrew Name in English	Date of Birth	Current Grade

Are you related to any current or previous TBE members?  YES  NO If yes, please indicate their name(s) and relationship to you:

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## Yahrzeit Observance

I would like to receive Yahrzeit date reminders for those listed below:

Name of Deceased	Relationship to Whom?	Month/Day/Year and Time of Death
Example: Harold Levy	Father of Joan	3/26/1979 before sunset

### Committee Interests:

- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> Board of Education | <input type="checkbox"/> House      |
| <input type="checkbox"/> Finance            | <input type="checkbox"/> Hesed      |
| <input type="checkbox"/> Legacy             | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Ritual Life        | <input type="checkbox"/> Sisterhood |
| <input type="checkbox"/> Social Action      | <input type="checkbox"/> Cemetery   |

### Programming Interests:

- |   |  |
|---|--|
| <input type="checkbox"/> Shabbat Services | <input type="checkbox"/> Weekday Minyan  |
| <input type="checkbox"/> Adult Education  | <input type="checkbox"/> Family Programs |
| <input type="checkbox"/> House            | <input type="checkbox"/> Membership      |
| <input type="checkbox"/> Ritual Life      | <input type="checkbox"/> Sisterhood      |
| <input type="checkbox"/> Social Action    | <input type="checkbox"/> Shomrei Adamah  |

## Agreements

I give /  I do not give permission to publish my name, address, telephone number, and email address in the synagogue's Membership Directory.

I agree to pay for the support and maintenance of the synagogue through dues and associated fees.

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

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Office Use Only

#### Household Membership:

- 71+ years (2 adults)
- 35-70 years (2 adults)
- 30-34 years (2 adults)
- Single Parent

#### Individual Membership:

- 71+ years
- 35-70 years
- 30-34 years
- 28 and under

#### Associate Membership:

- Out-of-Town (75+ Miles)
- Full Member at Another Synagogue
- Pillar:** \_\_\_\_\_

Notes: \_\_\_\_\_

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