 ***Application for Membership***

 Information you furnish will be kept confidential to Temple Beth Hillel.

**Adult #1** Hebrew Name

Name mr./dr./mrs./ms./miss (if available)

 / /

DOB Cell Phone E-mail

**Adult #2** Hebrew Name

Name mr./dr./mrs./ms./miss (if available)

 / /

dob Cell Phone E-mail

**Residence**

 Street Address

City Zip Home Phone

 Married  Single  Widowed  Divorced

 Date

***Religious Background***

Adult # 1 Adult # 2

***Employment***

|  |  |  |
| --- | --- | --- |
| **Adult #1:**  |  | **Adult #2:**  |
|  Company Name |  |  Company Name |
|  Company Address |  |  Company Address |
| City Zip Phone |  | City Zip Phone |
| Business Fax Business E-Mail |  | Business Fax Business E-Mail |
| Type of Business & Job Title  |  | Type of Business Job Title |
| Occupation  |  | Occupation  |
|  Owner  Partner  Employee |  |  Owner  Partner  Employee |
| Would you provide an occasional business or professional service to the Temple?  Yes  No |  | Would you provide an occasional business or professional service to the Temple?  Yes  No |
| Please describe   |  | Please describe   |
| If retired, previous occupation  |  | If retired, previous occupation  |

***Children***

|  |  |  |  |
| --- | --- | --- | --- |
| **child’s full name****(first, middle, last)** | **child’s hebrew name****(if available)** | **birth date** | **son/daughter** |
|  |  |  |  |
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|  |  |  |  |

***List of Yahrzeit Records***

Please indicate whether you observe  **** English date or  **** Hebrew date

|  |  |  |
| --- | --- | --- |
| **full name** | **date of death** | **related to / relationship** |
|  |  |  |
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|  |  |  |

**Contact us regarding Memorial plaques**

**Contact us regarding cemetery plots**

We own cemetery plot(s) at

**Information furnished on this page will be shared with committees.**

Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous congregational affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Last year attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about Temple Beth Hillel?

***Relatives who are now members of Temple Beth Hillel*** (name & relationship)

***Friends who are now members of Temple Beth Hillel***

**We encourage all members of the congregation to take an active part in Temple life. We would very much like you to choose one or more of the following activities or committees in which you might have an interest. Please indicate Adult #1, Adult #2, or both.**

|  |  |  |  |
| --- | --- | --- | --- |
| **EDUCATION & RITUAL** | **TEMPLE COMMITTESS** | **SOCIAL ACTION & SERVICE** | **FUNDRAISING** |
| Adult Education | Membership & Hospitality | Mitzvah Day | DevelopmentCommittee |
| Adult B’nai Mitzvah | House & Grounds | Ozreem (Usher Corps) | Purim Festival |
| Torah Study | Religious PracticesCommittee | Food Pantry | Dinner Dances |
| Choir | Budget & Finance | Moses Program (forJews with Disabilities) | Concert |
| Havurah | Publicity | Counseling Center | Golf Tournament |
| Interfaith Programs |  AdultEducation: Early Childhood Day School Religious School | ARZA: Israel Advocacy | Small Events |

**Do you have any special skills, talents, or interests that you would like to share with us?**

Art/Design Music/Theater Photography Legal

Crafts Can lead a shiva minyan Writing/Editing Computer

 Other:

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

 Photographs of family members may be used in Temple brochures, websites and/or advertisements, unless checked.

Family contact information will be included in member directories, unless checked.

Bi-weekly emails concerning Temple events and calendar will be sent, unless checked.

***Temple Dues Commitment***

My signature below constitutes my acknowledgement of, and agreement to satisfy, the dues commitment set forth below, prior to the beginning of the next membership year. The Temple’s fiscal year runs July 1 through June 30.

I understand that to be eligible to receive High Holy Day tickets, I must pay one-third of my total Dues Commitment or be enrolled in FACTS prior to the start of the High Holy Days.

The total annual dues commitment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Note: All other fees (Early Childhood, Day School, Religious School, etc.) will be charged to your account at the time of registration and must be paid in accordance with the school contract.

 Signature of Applicant Date

FOR OFFICE USE ONLY

Account Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For year July 1 \_\_\_\_\_\_\_\_\_ to June 30 \_\_\_\_\_\_\_\_\_