



Application date _____

New Member Form

Adult Member 1	Adult Member 2
Prefix (please circle) Mr. Mrs. Ms. Miss. Dr.	Prefix (please circle) Mr. Mrs. Ms. Miss. Dr.
First Name _____	First Name _____
Last Name _____	Last Name _____
Birth Date (Month/Day/Year) _____	Birth Date (Month/Day/Year) _____
Jewish (Please circle). Yes. No	Jewish (Please circle). Yes. No
Full Hebrew Name: Ex: David ben Yaakov V'Shira	Full Hebrew Name: Ex: David ben Yaakov V'Shira
Cell Phone () _____ <i>Include in Temple Directory?</i> ___ Yes ___ No	Cell Phone () _____ <i>Include in Temple Directory?</i> ___ Yes ___ No
Email	Email
Occupation	Occupation
Business Name	Business Name
Business Address	Business Address
City _____ State ___ Zip ____	City _____ State ___ Zip ____

Mailing & Membership Information

Home address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Marital Status (please circle) Single. Married Partnered Divorces Widowed

Local Emergency Contact Person _____

Phone () _____ Relationship _____

Family Information

Please list all children 22 years and younger

	Child 1	Child 2	Child 3	Child 4
Gender				
First and middle name				
Last name (if different)				
Hebrew name (if known) format David ben Yaakov V'Shira				
Birth date				
Grade in School				
Address (if not living with you)				
Is child raised in Jewish faith?	Yes No	Yes No	Yes No	Yes No
Will child attend religious school at Beth EL?	Yes No	Yes No	Yes No	Yes No
Does child attend a Jewish Day School? Which?				

If you have more than four children, please attach an additional page.

Yahrzeits Information

Name of Observer	Name of Deceased	Relationship	Date of Death	Do you wish to observe the English or Hebrew date?

Special Accommodations

Please let us know of any special accommodations you may require such as large print prayer books, hearing enhancement, etc.

Photo Release

I/We the undersigned agree to grant Congregation Beth El permission to us video, photos of my/our participation in congregational events. I/We further agree that any or all of the material photographed may be used, in any form, as part of any future publications to promote Congregation Beth El.

Yes _____ No _____

Financial Agreement

I/We the undersigned, hereby make application for Congregation Beth El membership. I/We agree to abide by its rules and by-laws. I/We understand that membership is on a yearly basis, payable in accordance with the conditions stated in the Financial Commitment for New Members form.

By signing below, I/We acknowledge and agree to the terms stated in the Financial Agreement.

Applicant's Signature _____ Date _____

Applicant's Signature _____ Date _____

Please return this form and the Financial Commitment form to the attention of our Temple Administrator. If you have any questions about this form, please contact Beth Schine, Temple Administrator. (978-443-9622 x102 or templeadmin@bethelsudbury.org.)

Congregation Beth El
105 Hudson Rd.
Sudbury, MA