

Membership Information

*Welcome to Congregation Beth El.* We are delighted you have chosen to become part of our community. We hope that you will find membership an enriching experience and encourage you to explore the diverse opportunities for Jewish expression that Beth El offers. Please call upon our clergy, staff, and lay leaders whenever we can assist you in becoming part of our community.

All information in this application will be treated confidentially.

Please call our office at 978-443-9622 if you have any questions or need assistance in filling out this application.

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| --- | --- | --- |
| Personal Information | | |
|  | Adult 1 | Adult 2 |
| Gender | He  She  They  Other | He  She  They  Other |
| Title | Mr.  Mrs.  Ms. Other\_\_\_ | Mr.  Mrs.  Ms. Other\_\_\_ |
| Full Name |  |  |
| By what first name do you wish to be addressed |  |  |
| Personal Status | Single  Married \_\_\_\_\_\_\_\_(date)  Partnered  Divorced  Widowed Other \_\_\_\_\_\_\_\_\_\_ | Single  Married \_\_\_\_\_\_\_\_(date)  Partnered  Divorced  Widowed Other \_\_\_\_\_\_\_\_\_\_ |
| Full Hebrew Name  Example: David ben Yaakov V’Shira |  |  |
| Date of Birth |  |  |
| Birthplace |  |  |
| Special Accommodations needed | Visual impairment  (large print prayer book)  Physically challenged  Other | Visual impairment  (large print prayer book)  Physically challenged  Other |
| Jewish Community Affiliations |  |  |

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| Contact Information | | | | | |
|  | Adult 1 | Check preferred number | Adult 2 | | Check preferred number |
| Home Phone |  |  |  | |  |
| Cell Phone |  |  |  | |  |
| Which phone would you like listed in member directory? (only available to Beth El members) | | | | | |
| Circle one: Home Cell Both | | Circle one: Home Cell Both | | | |
| Email address |  | | |  | |
|  | I would like to receive temple communications via email | | | I would like to receive temple communications via email | |
| How would you like your name(s) to appear on Temple mailings? We will do our best to accommodate your request within system capabilities. | | | | | |
| Name(s) |  | | |  | |
| Address |  | | |  | |
| City, State, Zip |  | | |  | |

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| Emergency Contact Information | | |
|  | Adult 1 | Adult 2 |
| Emergency Contact |  |  |
| Phone |  |  |
| Relationship |  |  |
| Address |  |  |
| City, State, Zip |  |  |
| Physician |  |  |
| Physician Phone |  |  |
| Children’s Physician (if applicable) |  |  |
| Children’s Physician Phone Number |  |  |

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| --- | --- | --- |
| Religious Background | | |
|  | Adult 1 | Adult 2 |
| Religious background in which you were raised | Reform  Conservative  Orthodox  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Jewish unaffiliated | Reform  Conservative  Orthodox  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Jewish unaffiliated |
| Current Religion |  |  |
| If you became Jewish as an adult  Date, Congregation, City |  |  |
| Bar/Bat Mitzvah (if applicable)  Date, Congregation, City |  |  |
| Do you read Torah? |  |  |
| Congregation most recently or currently affiliated with |  |  |
| Please list any relatives who are members of Beth El |  |  |

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| Yahrzeit Information  (please list yahrzeits you wish to observe for the following: parent/s, sibling/s, spouse, child) | | | | |
| Name of Observer | Name and Gender of Deceased | English Date of Death *(if known, include whether before or after sunset)* | Observe Hebrew or English Date? | Relationship of Deceased to Observer |
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| --- | --- | --- | --- | --- |
| Children’s Information | | | | |
| Gender (circle one) | Child 1  He/him she/her  They/them  Other | Child 2  He/him she/her  They/them  Other | Child 3  He/him she/her  They/them  Other | Child 4  He/him she/her  They/them  Other |
| First and middle name |  |  |  |  |
| Last name  (if different) |  |  |  |  |
| Hebrew name  (if known) |  |  |  |  |
| Birth Date |  |  |  |  |
| Grade in school |  |  |  |  |
| Address (if not living with you) |  |  |  |  |
| Is this child being raised in the Jewish faith? | Yes No | Yes No | Yes No | Yes No |
| Will this child attend religious school at Beth El? | Yes No | Yes No | Yes No | Yes No |
| Does child attend Jewish day school? Where? |  |  |  |  |
| Does child attend Jewish summer camp? If so, which? |  |  |  |  |
| If previously attended Religious School,  Congregation/City |  |  |  |  |

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| Opportunities for Participation | | |
| At Congregation Beth El, we see membership in our community as an opportunity to become involved spiritually, intellectually and socially. We encourage members to participate in whatever aspects of life in our community meet their needs.  Our staff and leadership stand ready to help you find paths into the life of our congregation in whatever ways are meaningful to you.  Please indicate which areas interest you by checking the appropriate box or boxes below. Your participation will help strengthen our community and will make your Beth El experience even more rich and meaningful. | | |
| Adult Learning | Holiday Celebrations and/or decoration | Havurah |
| Budget and Finance | Assisting with office work | Informal Youth Activities |
| Social Action & Mitzvah Projects | Religious School | Library |
| Communications & Publicity | Caring Community | Bulletin Writing, Editing |
| Maintenance & Building Repair | Membership | Fund Raising |
| Music – Choir or Band | Ritual Committee | Grant Writing |
| Tzedakah Collective | Other |  |

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| --- | --- | --- |
| Special Skills | | |
| Cooking | Music | Painting |
| Gardening | Electrical | Public Relations |
| Israeli Dancing | Plumbing | Driving |
| Carpentry | Sewing/Needlework | Art |
| Travel | Fundraising | Marketing |
| Other |  |  |

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| --- |
| Getting to know you |
| What are your passions? What are your interests? |

*Welcome to Congregation Beth El Sudbury*

Beth El is a spiritually committed community, wrestling with God in public discourse and in private searches. Within our unpretentious walls, we nurture the souls of all our members -- children and adults -- with joyful prayer and passionate study of Torah.

Beth El is a congregation alive with questions and songs, a place that often rings with laughter, but also a place where tears are treated with tender respect. In English and in Hebrew, we seek to grow in connection with our past, and to discover Jewish meaning in our future.

Everyone at Beth El is a student. And at Beth El, everyone is a model, a mentor and a teacher. Beth El is an open community that cherishes the diversity of our membership.

We welcome all races, ages, sexual orientations, family constellations, and backgrounds. As liberal Jews, we make different choices in practice, we hold different beliefs, but we are united in the goal of making Judaism real in our daily lives and in our family life.

Jewish teachings and values propel us into the larger community, where we try to be God’s partner in the work of repairing the world: Tikkun Olam, and in the project of fostering all of Jewish life. Klal Yisrael, in the land of Israel, in our nation, and around the planet.

The miracle of creation is ongoing, revealing itself in change and growth. Grounded by the bedrock of Jewish tradition, and in sacred partnership with our staff, Beth El is committed to the future. Congregation Beth El of the Sudbury River Valley is a member of the Union for Reform Judaism.

**Applicant 1:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

am applying to become a member of Congregation Beth El

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant 2:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

am applying to become a member of Congregation Beth El

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_