

**APPLICATION FOR MEMBERSHIP
BETH EL CONGREGATION**

8101 Park Heights Avenue, Baltimore, Maryland 21208-1799 410-484-0411

Today's Date ____/____/____

(All information is kept **CONFIDENTIAL**)

FOR OFFICE USE

Account #: _____

Membership Date: ____/____/____

Check Enclosed: _____

ADULT #1

ADULT #2

Title you prefer: Dr. Mr. _____

Dr. Mrs. Ms. Miss _____

First name & middle initial: _____

Last Name: _____

Informal name (nickname) _____

Informal name (nickname) _____

Maiden name: _____

Marital status: Married Single Dom. Part.
 Divorced Separated Widowed

Married Single Dom. Part.
 Divorced Separated Widowed

Date of birth: Mo. ____/Day ____/Year ____

Date of birth: Mo. ____/Day ____/Year ____

Wedding Anniversary: Mo. ____/Day ____/Year ____

Local home address: Street: _____

Unit/Apt. #: _____

City: _____

State & Zip: _____

Home Phone #: _____

Cell Phone #: _____

Home e-mail: _____

Would you like to receive Beth El's Newsletter "The Voice" via Email?

YES

NO

Occupation-Job Title: _____

Full time Part time Retired

Full time Part time Retired

Employer: _____

Business address: _____

Business phone: _____

Business Fax: _____

Business e-mail: _____

FOR OFFICE USE:

- MEMO ENTRY
- BILLED: SEATS
- CEMETERY LOTS NOTED

- BOOK OF REMEMBRANCE ENTRY
- BUILDING FUND
- HAVE EMAIL ADDRESS (LISTSERV & CODE 14)

- BUILDING FUND FUTURE ENTRY
- SEAT ASSIGNMENT FORM
- E VOICE (LISTSERV & CODE 13)

Do you require seats for the High Holidays?

YES NO

If yes, how many seats do you need? _____

ADULT #1

ADULT #2

Jewish tradition in which you were raised:

Reform Conservative
 Orthodox Secular
 Jew by choice Reconstructionist
 Non-Jew _____
(Denomination)

Reform Conservative
 Orthodox Secular
 Jew by choice Reconstructionist
 Non-Jew _____
(Denomination)

Conversion performed by:

Rabbi _____

Rabbi: _____

Jewish Education:

Bar Mitzvah Date: ____/____/____

Bat Mitzvah Date: ____/____/____

Hebrew School

Confirmation Year: _____
At Beth El Yes No

Confirmation Year: _____
At Beth El Yes No

Other previous synagogue affiliation: _____

Do you own a cemetery plot?

Yes, at Beth El
 No, not anywhere
 Yes, at _____
 Interested in purchasing lots

Yes, at Beth El
 No, not anywhere
 Yes, at _____
 Interested in purchasing lots

Your Hebrew name (if known) _____

PARENT INFORMATION

PARENT INFORMATION

Father's English Name: _____

Living Deceased

Living Deceased

Yahzeit English date: _____

Father's Hebrew Name: if known: _____

Mother's English Name: _____

Living Deceased

Living Deceased

Yahzeit English date: _____

Mother's Hebrew Name: if known: _____

**PLEASE FILL IN THE FOLLOWING INFORMATION AS IT APPLIES TO EACH
OF YOUR DEPENDENT CHILDREN
(THOSE CHILDREN WHO LIVE AT HOME AND ARE STILL ENROLLED
IN A FULL TIME EDUCATION PROGRAM)**

(Attach additional sheet if needed)

CHILD 1

Sex: Male Female

Name: (First & Middle)

Preferred Name: (Nickname)

Last Name (If different from yours)

Home Phone# (If different from yours)

(____) _____

Date of Birth:

Mo. ____/Day ____/Yr. ____

Pre-School:

Hebrew School:

Attended Attending

Will Attend

Bar/Bat Mitzvah:

Yes No

Mo. ____/Day ____/Yr. ____

Confirmation:

Yes No Year ____

Public/Private School Name:

Class of _____ Grade _____

Childs Hebrew Name: (If known)

Child's Address: (If different from yours)

CHILD 2

Sex: Male Female

Name: (First & Middle)

Preferred Name: (Nickname)

Last Name (If different from yours)

Home Phone# (If different from yours)

(____) _____

Date of Birth:

Mo. ____/Day ____/Yr. ____

Pre-School:

Hebrew School:

Attended Attending

Will Attend

Bar/Bat Mitzvah:

Yes No

Mo. ____/Day ____/Yr. ____

Confirmation:

Yes No Year ____

Public/Private School Name:

Class of _____ Grade _____

Childs Hebrew Name: (If known)

Child's Address: (If different from yours)

CHILD 3

Sex: Male Female

Name: (First & Middle)

Preferred Name: (Nickname)

Last Name (If different from yours)

Home Phone# (If different from yours)

(____) _____

Date of Birth:

Mo. ____/Day ____/Yr. ____

Pre-School:

Hebrew School:

Attended Attending

Will Attend

Bar/Bat Mitzvah:

Yes No

Mo. ____/Day ____/Yr. ____

Confirmation:

Yes No Year ____

Public/Private School Name:

Class of _____ Grade _____

Childs Hebrew Name: (If known)

Child's Address: (If different from yours)

**PLEASE FILL IN THE FOLLOWING INFORMATION AS IT APPLIES TO EACH
OF YOUR INDEPENDENT CHILDREN
(THOSE CHILDREN WHO HAVE COMPLETED THEIR EDUCATION AND
ARE LIVING HOME OR OUTSIDE THE HOME)**

(Attach additional sheet if needed)

CHILD 1

Sex: Male Female

Mr. Miss Ms.
 Mrs. Dr.

Name: (First & Middle)

Preferred Name: (Nickname)

Last Name: (If different from yours)

Spouse's First Name:

Home Phone #: (If different from yours)

(____) _____
Date of Birth:
Mo. ____/Day ____/Yr. ____

Is child living at home?
 Yes No

Bar/Bat Mitzvah:
 Yes No

Mo. ____/Day ____/Yr. ____

Confirmation:
 Yes No

Marital Status:
 Single Married
 Widowed Divorced
 Separated

Child's Hebrew Name: (If known)

Child's Synagogue Affiliation:

Child's Home Address: (If different from yours)

Street:

City, State, Zip:

CHILD 2

Sex: Male Female

Mr. Miss Ms.
 Mrs. Dr.

Name: (First & Middle)

Preferred Name: (Nickname)

Last Name: (If different from yours)

Spouse's First Name:

Home Phone #: (If different from yours)

(____) _____
Date of Birth:
Mo. ____/Day ____/Yr. ____

Is child living at home?
 Yes No

Bar/Bat Mitzvah:
 Yes No

Mo. ____/Day ____/Yr. ____

Confirmation:
 Yes No

Marital Status:
 Single Married
 Widowed Divorced
 Separated

Child's Hebrew Name: (If known)

Child's Synagogue Affiliation:

Child's Home Address: (If different from yours)

Street:

City, State, Zip:

CHILD 3

Sex: Male Female

Mr. Miss Ms.
 Mrs. Dr.

Name: (First & Middle)

Preferred Name: (Nickname)

Last Name: (If different from yours)

Spouse's First Name:

Home Phone #: (If different from yours)

(____) _____
Date of Birth:
Mo. ____/Day ____/Yr. ____

Is child living at home?
 Yes No

Bar/Bat Mitzvah:
 Yes No

Mo. ____/Day ____/Yr. ____

Confirmation:
 Yes No

Marital Status:
 Single Married
 Widowed Divorced
 Separated

Child's Hebrew Name: (If known)

Child's Synagogue Affiliation:

Child's Home Address: (If different from yours)

Street:

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