



Application for Membership

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

ADULT #1

NAME MR./DR./MRS./MS./MISS _____

HEBREW NAME
(IF AVAILABLE) _____

/ /
DOB _____

CELL PHONE _____

E-MAIL _____

ADULT #2

NAME MR./DR./MRS./MS./MISS _____

HEBREW NAME
(IF AVAILABLE) _____

/ /
DOB _____

CELL PHONE _____

E-MAIL _____

RESIDENCE

Street _____

City _____

ZIP _____

Home Phone _____

Home Fax _____

E-mail _____

Married _____ Date _____

Single

Widowed

Divorced

ADULT #1:

Company Name _____

Company Address _____

City _____

ZIP _____

Phone _____

Business Fax _____

Business E-Mail _____

Type of Business _____

Job Title _____

Occupation _____

Owner

Partner

Employee

Would you provide an occasional business or professional service to the Temple? Yes No

Please describe _____

If retired, previous occupation _____

ADULT #2:

Company Name _____

Company Address _____

City _____

ZIP _____

Phone _____

Business Fax _____

Business E-Mail _____

Type of Business _____

Job Title _____

Occupation _____

Owner

Partner

Employee

Would you provide an occasional business or professional service to the Temple? Yes No

Please describe _____

If retired, previous occupation _____

Children

CHILD'S FULL NAME (FIRST, MIDDLE, LAST)	CHILD'S HEBREW NAME (IF AVAILABLE)	BIRTH DATE	SON/DAUGHTER

Religious Background

Adult # 1

Adult # 2

We own cemetery plot(s) at _____

List of Yahrzeit Records

Please indicate whether you observe English date or Hebrew date

NAME	DATE OF DEATH	RELATED TO / RELATIONSHIP

Contact us regarding Memorial plaques

Information furnished on this page will be shared with committees.

Name: _____ Phone: _____ E-Mail: _____

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.

<i>Education and Ritual</i>	<i>Temple Committees</i>	<i>Social Action and Service</i>	<i>Fundraising</i>
Adult Education	Membership	Mitzvah Day	Purim Festival
Adult B'nai Mitzvah	Facilities	ARZA	5K
Torah Study	Legal/Constitutional	Food Pantry	Dinner Dances
Choir	Budget & Finance	Moses Program (for Jews with Disabilities)	Concert
Havurah	Publicity	Counseling Center	Golf Tournament
Religious Practices Committee	Education	Ozreem (Usher Corps)	Development Committee
Interfaith Programs		Parks Chapel AME Interfaith	Sukkot Fall Festival

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.

Previous congregational affiliation _____ Last Year Attended _____

Temple Dues and Building Fund Pledge

I hereby apply for membership in Temple Beth Hillel. I understand that Dues and Building Fund obligations are due annually in advance, but may be paid quarterly, semi-annually, or annually in advance after the initial required payment.

The total annual dues commitment: _____.

The total Building Fund Pledge is \$ _____, payable at a minimum of \$ _____ annually for _____ years.

Signature of Applicant

Date

FOR OFFICE USE ONLY

Account Type: _____

For year July 1 _____ to June 30 _____

Annual Dues \$ _____

Building Fund \$ _____

Security Fee \$ _____

Other \$ _____

Total \$ _____

Payable with this application: one-third of the above fees.

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.

Payment with application \$ _____ distributed as follows:

Dues \$ _____ Building Fund \$ _____ Security Fee \$ _____

Other _____ \$ _____

Balance to be paid as follows:

Name of Interviewer: _____

Date: _____