

TEMPLE GROUPS AND VOLUNTEER OPPORTUNITIES

Please indicate interest in the following areas:

- | | | |
|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> EARLY CHILDHOOD CENTER
<i>Learning & care for preschool children</i> | <input type="checkbox"/> ADULT EDUCATION | <input type="checkbox"/> RABBI LEO M. FRANKLIN ARCHIVES |
| <input type="checkbox"/> MASA
<i>Jewish education for grades K-7</i> | <input type="checkbox"/> MUSIC
<i>Concerts, Music Shabbat, playing instrument</i> | <input type="checkbox"/> PRENTIS MEMORIAL LIBRARY |
| <input type="checkbox"/> MASA TEENS
<i>Elective based learning for grades 8-12</i> | <input type="checkbox"/> ADULT CHOIR | <input type="checkbox"/> SHIVA CORPS
<i>Volunteers who lead shiva</i> |
| <input type="checkbox"/> KID-ISH CLUB
<i>Young Family Programming</i> | <input type="checkbox"/> LEADERSHIP/BOARD | <input type="checkbox"/> CARING COMMUNITY
<i>Volunteers who support members in times of need</i> |
| <input type="checkbox"/> K-5 K'HILAH CLUB
<i>K-5 Family Programming</i> | <input type="checkbox"/> BROTHERHOOD | <input type="checkbox"/> READING TORAH |
| <input type="checkbox"/> BETY
<i>Youth group for grades 9-12</i> | <input type="checkbox"/> YOUTH CHOIR | <input type="checkbox"/> USHERING |
| <input type="checkbox"/> JBETY
<i>Youth group for grades 6-8</i> | <input type="checkbox"/> SISTERHOOD | <input type="checkbox"/> ISRAEL TRIPS AND ISRAEL PROGRAMMING |
| <input type="checkbox"/> BETY35
<i>Youth group for grades 3-5</i> | <input type="checkbox"/> BETH ELDERS
<i>Programming for seniors</i> | <input type="checkbox"/> INTERFAITH PROGRAMMING |
| | | <input type="checkbox"/> SOCIAL ACTION PROGRAMS |

Yahrzeit Record

Please list names and dates of loved ones for whom you'd like to have Yahrzeit (remembrance) notices sent.
Please note: Temple Beth El sends notices using the secular calendar unless otherwise requested.

Name of Deceased	Relationship (this person is my:)	English Date of Death



If you have any questions, please contact Rachel Rudman, Director of Member Engagement, at rrudman@tbeonline.org or 248-325-9701.

INTERNAL USE ONLY: ID# _____ BILLING TYPE: _____

NAME: _____



MEMBERSHIP APPLICATION

_____, 20_____

To The Board of Trustees: I hereby apply for membership in Temple Beth El, and if admitted, agree to conform to the By-Laws now in force, or which may thereafter be enacted.

I agree to pay during the first year of my membership, the sum of \$ _____ and thereafter such annual amount as may be fixed by the Board of Trustees in accordance with the By-Laws of the Congregation.

I pledge to the Building Fund, the sum of \$ _____, payable within years _____, at the rate of \$ _____ per year.

Referred by

Signature of Applicant

Please complete all information.

*We are so excited to welcome you into our Temple Beth El community.
Please complete this application so we can get to know you and your family.*

MEMBER A

Title _____ First Name _____
 Last Name _____
 Maiden Name, if applicable _____
 Gender _____ Religion _____
 Hebrew Name, if applicable _____
 Birthday: Month _____ Day _____ Year _____
 Cell Phone (_____) _____ - _____
 Home Phone (_____) _____ - _____
 Email _____
 Occupation/Title _____
 Employer _____
 Religious background Jewish-Reform Jewish-Conservative
 Jewish-Orthodox Jewish-Other
 Jewish-not affiliated Not Jewish
 Hobbies/interests _____

MEMBER B

Title _____ First Name _____
 Last Name _____
 Maiden Name, if applicable _____
 Gender _____ Religion _____
 Hebrew Name, if applicable _____
 Birthday: Month _____ Day _____ Year _____
 Cell Phone (_____) _____ - _____
 Home Phone (_____) _____ - _____
 Email _____
 Occupation/Title _____
 Employer _____
 Religious background Jewish-Reform Jewish-Conservative
 Jewish-Orthodox Jewish-Other
 Jewish-not affiliated Not Jewish
 Hobbies/interests _____

FAMILY QUESTIONS

Single Married Widowed Divorced Domestic Partner Engaged Other

Date of marriage, if applicable: Month _____ Day _____ Year _____

Please address mail as follows (ex: The Cohen Family, Mr. and Mrs. Cohen): _____

All mail will be sent to the following home address unless otherwise requested:

Home Address _____ City/State/Zip _____

If you have a second residence, please list below:

Second residence address _____ City/State/Zip _____

If you have a second residence:

In which months would you like mail sent to your HOME address? _____ In which months would you like mail sent to your SECOND address? _____

Billing address (if different from residence): _____ City/State/Zip _____

In case of emergency, Temple is to notify: Name _____ Phone _____
 Name _____ Phone _____

GENERAL QUESTIONS

What brings your family to Temple Beth El? _____

How did you hear about Temple Beth El? _____

Are you, or were you, a member of any other synagogue? Yes No If yes, which one? _____

Are you related to any present member of Temple Beth El? Yes No If yes, to whom are you related? _____

Please provide us with any other information that will help us get to know you:

CHILDREN

CHILD 1

First Name _____
 Last Name _____
 Gender _____ Hebrew Name, if applicable _____
 Birthday: Month _____ Day _____ Year _____
 Living at home Away at school An adult
 School _____ Grade _____
 Cell phone (_____) _____ - _____ Email _____

CHILD 2

First Name _____
 Last Name _____
 Gender _____ Hebrew Name, if applicable _____
 Birthday: Month _____ Day _____ Year _____
 Living at home Away at school An adult
 School _____ Grade _____
 Cell phone (_____) _____ - _____ Email _____

CHILD 3

First Name _____
 Last Name _____
 Gender _____ Hebrew Name, if applicable _____
 Birthday: Month _____ Day _____ Year _____
 Living at home Away at school An adult
 School _____ Grade _____
 Cell phone (_____) _____ - _____ Email _____

CHILD 4

First Name _____
 Last Name _____
 Gender _____ Hebrew Name, if applicable _____
 Birthday: Month _____ Day _____ Year _____
 Living at home Away at school An adult
 School _____ Grade _____
 Cell phone (_____) _____ - _____ Email _____