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.

TEMPLE BETH EL | 7400 TELEGRAPH ROAD | BLOOMFIELD HILLS, MI 48301 | 248.851.1100
WWW.TBEONLINE.ORG
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 (_______) _______-________ Email ___________________________
Home Phone (_______) _______-________
Employer __________________________
Occupation/Title ___________________
Email _____________________________
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 (_______) _______-________
Employer __________________________
Occupation/Title ___________________
Email _____________________________
Religious background
- [ ] Jewish-Reform
- [ ] Jewish-Conservative
- [ ] Jewish-Orthodox
- [ ] Jewish-Other
- [ ] Jewish-not affiliated
- [ ] Not Jewish
Hobbies/Interests ___________________

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 ___________________________

FAMILY QUESTIONS
- [ ] Single
- [ ] Married
- [ ] Widowed
- [ ] Divorced
- [ ] Domestic Partner
- [ ] Engaged
- [ ] Other
Date of marriage, if applicable: Month ___________ Day ___________ Year ___________
Please provide us with any other information that will help us get to know you:

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 you are, which one?

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

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

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

If you have a second residence, please list below:

Second residence address __________________________
City/State/Zip __________________________

In case of emergency, Temple is to notify:

Name __________________________ Phone __________________________
Name __________________________ Phone __________________________

If you have a second residence:
Second residence address __________________________
City/State/Zip __________________________

If you have a second residence, please list below:

Home Address __________________________
City/State/Zip __________________________

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

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

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