

Date Received _____

Temple Beth-El

MEMBERSHIP APPLICATION

Poughkeepsie, NY

Member Name

Last Name _____ First Name _____

Hebrew Name _____ Tribe _____ Birth Date _____ Mr. / Mrs./ Ms./ Dr.

Work Phone _____ Occupation _____ Email Address _____

Mother's Hebrew Name _____ Father's Hebrew Name _____

Last Name _____ First Name _____

Hebrew Name _____ Tribe _____ Birth Date _____ Mr. / Mrs./ Ms./ Dr.

Work Phone _____ Occupation _____ Email Address _____

Mother's Hebrew Name _____ Father's Hebrew Name _____

Primary Address

Street _____ City _____ State _____ Zip _____

Phone _____

Secondary Address

Street _____ City _____ State _____ Zip _____

Phone _____ (Active From _____ To _____)

Date Of Marriage _____ **Would you like to receive an Aliyah (Y / N)**

Children

Name _____ Hebrew Name _____ Birth date _____

Year to graduate high school _____ Bar/Bat Mitzvah _____

Name _____ Hebrew Name _____ Birth date _____

Year to graduate high school _____ Bar/Bat Mitzvah _____

Name _____ Hebrew Name _____ Birth date _____

Year to graduate high school _____ Bar/Bat Mitzvah _____

Name _____ Hebrew Name _____ Birth date _____

Year to graduate high school _____ Bar/Bat Mitzvah _____

We welcome your active participation in our Temple's activities. Please indicate your interest in checking off those committees on which you might like to serve:

- | | | |
|---|---|---|
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Arrangements | <input type="checkbox"/> Cemetery |
| <input type="checkbox"/> Choir | <input type="checkbox"/> Endowment/Bequests | <input type="checkbox"/> Finance |
| <input type="checkbox"/> Hebrew School | <input type="checkbox"/> High Holiday | <input type="checkbox"/> Historical Committee |
| <input type="checkbox"/> Youth Commission | <input type="checkbox"/> House Committee | <input type="checkbox"/> Special Events/Fundraising |
| <input type="checkbox"/> Membership | <input type="checkbox"/> Religious School Board | <input type="checkbox"/> Ritual |
| <input type="checkbox"/> Singles | <input type="checkbox"/> Social Action | |
| <input type="checkbox"/> Teaching Staff | <input type="checkbox"/> Shalom Tots | |

Yahrzeits

Name _____	Hebrew Name _____	Relationship _____
Date of Death _____	Hebrew Date Of Death _____	Time of Death _____
Name _____	Hebrew Name _____	Relationship _____
Date of Death _____	Hebrew Date Of Death _____	Time of Death _____
Name _____	Hebrew Name _____	Relationship _____
Date of Death _____	Hebrew Date Of Death _____	Time of Death _____
Name _____	Hebrew Name _____	Relationship _____
Date of Death _____	Hebrew Date Of Death _____	Time of Death _____

Dues

Annual Dues	_____
United Synagogue Membership	_____ (\$74.00)
Friends of the Seminary	_____ (\$20.00)
Building Fund Pledge (\$900.00 payable over 6 years year)	_____ (\$750.00 if paid within first year)
Total (WE ACCEPT MASTERCARD & VISA)	\$ _____ ()

Are all immediate family members of the Jewish Faith? Y / N

If not please identify _____

In subsequent years, you will receive a bill at the start of the fiscal year (July 1). It will be assumed that you wish to continue your membership unless we receive written notice to the contrary.

Signature _____ **Date** _____

Membership Rep: _____

How did you find out about Temple Beth-El? _____ **Referred By** _____

Would you like your (and the family) photo and/or bio on the Temple Website? Yes or No