



**Application for Membership**

**Date:** \_\_\_\_\_

**Applicant One**

Mr.  Miss  Mrs.  Ms.  Dr.  Rabbi

Full Name: \_\_\_\_\_  
*Last First M.I. Gender*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

By checking this box, you agree to receive text messages from Beth El. Standard msg. and data rates may apply.

Email: \_\_\_\_\_ *Please add this email to the listserv  Yes  No*

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Hebrew Name (if known; in English transliteration)  Kohen  Levi  Yisrael  Not Jewish

\_\_\_\_\_ ben/bat \_\_\_\_\_ v' \_\_\_\_\_  
Parent 1 Parent 2

Marital Status:  Single  Married  Divorced  Partnered  Widowed  Separated Date of Marriage: \_\_\_\_\_

**Applicant Two**

Mr.  Miss  Mrs.  Ms.  Dr.  Rabbi

Full Name: \_\_\_\_\_  
*Last First M.I. Gender*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

By checking this box, you agree to receive text messages from Beth El. Standard msg. and data rates may apply.

Email : \_\_\_\_\_ *Please add this email to the listserv  Yes  No*

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Hebrew Name (if known; in English transliteration)  Kohen  Levi  Yisrael  Not Jewish

\_\_\_\_\_ ben/bat \_\_\_\_\_ v' \_\_\_\_\_  
Parent 1 Parent 2

## Names of Children (Birth-25 as of last June 1)

Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
*Last* *First* *M.I.*

Hebrew Name (In English transliteration): \_\_\_\_\_ Gender: \_\_\_\_\_

Name of School: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Previous Religious School: \_\_\_\_\_

Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
*Last* *First* *M.I.*

Hebrew Name (In English transliteration): \_\_\_\_\_ Gender: \_\_\_\_\_

Name of School: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Previous Religious School: \_\_\_\_\_

Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
*Last* *First* *M.I.*

Hebrew Name (In English transliteration): \_\_\_\_\_ Gender: \_\_\_\_\_

Name of School: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Previous Religious School: \_\_\_\_\_

Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
*Last* *First* *M.I.*

Hebrew Name (In English transliteration): \_\_\_\_\_ Gender: \_\_\_\_\_

Name of School: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Previous Religious School: \_\_\_\_\_

## Additional Information

### Are You Related To Other Members Of Beth El?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Former Synagogue Affiliation: \_\_\_\_\_  
Name City, State

Dates of Membership

Do you own a cemetery plot?  Yes  No If Yes, please provide name and location of cemetery.

Name of Cemetery: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Plot Location: \_\_\_\_\_

## Yahrzeits Observed (Anniversary Date of Death)

Name of Deceased: \_\_\_\_\_ Observed by: \_\_\_\_\_

Date of Death (English): \_\_\_\_\_ Relationship: \_\_\_\_\_

**Yahrzeits Observed (cont.):**

Name of Deceased: \_\_\_\_\_ Observed by: \_\_\_\_\_

Date of Death (English): \_\_\_\_\_ Relationship: \_\_\_\_\_

Name of Deceased: \_\_\_\_\_ Observed by: \_\_\_\_\_

Date of Death (English): \_\_\_\_\_ Relationship: \_\_\_\_\_

Name of Deceased: \_\_\_\_\_ Observed by: \_\_\_\_\_

Date of Death (English): \_\_\_\_\_ Relationship: \_\_\_\_\_

If you have additional yahrzeits, please list them on an attachment.

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## How to Get Involved

**Congregation Beth El offers a wide variety of spiritual life. Please indicate your interest in any of the following religious services:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Weekday morning/evening minyan | <input type="checkbox"/> Youth/Family Services<br>Different services for children birth through 6 <sup>th</sup> grade | <input type="checkbox"/> Minyan Chaverim<br>(lay-led monthly Shabbat service with full Torah reading with a potluck lunch.) |
| <input type="checkbox"/> Friday Evening Services        | <input type="checkbox"/> Musical Services<br>(Friday evenings only)   | <input type="checkbox"/> Worship and Study Minyan<br>(lay-led monthly Shabbat service with Torah study and singing)         |
| <input type="checkbox"/> Shabbat Morning Services       | <input type="checkbox"/> Meditation   |   |

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**Congregation Beth El has many opportunities for participation. Please indicate those in which you would be interested:**

- | <b>Educational</b>   | <b>Organizational</b>  | <b>Social</b>   |
|--|--|---|
| Adult:<br>1    2   | Adult:<br>1    2   | Adult:<br>1    2  |
| <input type="checkbox"/> <input type="checkbox"/> Adult Education  | <input type="checkbox"/> <input type="checkbox"/> Ritual                                   | <input type="checkbox"/> <input type="checkbox"/> Havurot ( <i>small groups</i> )                   |
| <input type="checkbox"/> <input type="checkbox"/> Family Education | <input type="checkbox"/> <input type="checkbox"/> House, Properties, Landscaping           | <input type="checkbox"/> <input type="checkbox"/> Men's Club  |
| <input type="checkbox"/> <input type="checkbox"/> Religious School | <input type="checkbox"/> <input type="checkbox"/> Marketing/Scroll/Website                 | <input type="checkbox"/> <input type="checkbox"/> Sisterhood/Zhava                                  |
| <input type="checkbox"/> <input type="checkbox"/> College Outreach | <input type="checkbox"/> <input type="checkbox"/> Library                                  | <input type="checkbox"/> <input type="checkbox"/> Senior Caucus                                     |
| <input type="checkbox"/> <input type="checkbox"/> Israel Affairs   | <input type="checkbox"/> <input type="checkbox"/> Membership, Retention, Recruitment       | <input type="checkbox"/> <input type="checkbox"/> Social Action                                     |
| <input type="checkbox"/> <input type="checkbox"/> Youth Activities | <input type="checkbox"/> <input type="checkbox"/> Fundraising                              | <input type="checkbox"/> <input type="checkbox"/> LGBTQ and Allies                                  |
|  | <input type="checkbox"/> <input type="checkbox"/> Ushering/Greeters                        | <input type="checkbox"/> <input type="checkbox"/> Green Tikkun ( <i>sustainability</i> )            |
|  | <input type="checkbox"/> <input type="checkbox"/> Chevra Kadisha ( <i>burial society</i> ) | <input type="checkbox"/> <input type="checkbox"/> Bruchim Habaim<br>( <i>disability inclusion</i> ) |
|  | <input type="checkbox"/> <input type="checkbox"/> Chesed ( <i>caring</i> )                 | <input type="checkbox"/> <input type="checkbox"/> Interfaith Outreach                               |

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**Please check skills and hobbies for further participation:**

- | <b>Adult:</b>  | <b>Adult:</b>  | <b>Affinity Groups:</b>  |
|--|--|--|
| 1    2   | 1    2   | Adult:<br>1    2   |
| <input type="checkbox"/> <input type="checkbox"/> Hebrew Language Skill        | <input type="checkbox"/> <input type="checkbox"/> Cooking              | <input type="checkbox"/> <input type="checkbox"/> STEM Professionals                 |
| <input type="checkbox"/> <input type="checkbox"/> Torah/Haftarah Reading       | <input type="checkbox"/> <input type="checkbox"/> Knitting, crocheting | <input type="checkbox"/> <input type="checkbox"/> Mental Health Professionals        |
| <input type="checkbox"/> <input type="checkbox"/> Leading Services             | <input type="checkbox"/> <input type="checkbox"/> Mah Jongg            | <input type="checkbox"/> <input type="checkbox"/> Female Health Professionals        |
| <input type="checkbox"/> <input type="checkbox"/> Teach in Religious School    | <input type="checkbox"/> <input type="checkbox"/> Bridge               | <input type="checkbox"/> <input type="checkbox"/> Real Estate Professionals          |
| <input type="checkbox"/> <input type="checkbox"/> Acting                       | <input type="checkbox"/> <input type="checkbox"/> Canasta              | <input type="checkbox"/> <input type="checkbox"/> Government Relation/Lobbyists      |
| <input type="checkbox"/> <input type="checkbox"/> Artistic Ability             | <input type="checkbox"/> <input type="checkbox"/> Cycling              | <input type="checkbox"/> <input type="checkbox"/> Consulting/Freelance Professionals |
| <input type="checkbox"/> <input type="checkbox"/> Musical Instrument:<br>_____ | <input type="checkbox"/> <input type="checkbox"/> Running              | <input type="checkbox"/> <input type="checkbox"/> Lawyers                            |
| <input type="checkbox"/> <input type="checkbox"/> Singing, choir               | <input type="checkbox"/> <input type="checkbox"/> Basketball           |  |
|  | <input type="checkbox"/> <input type="checkbox"/> Softball             |  |

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**How did you hear about Beth El?**

- Beth El's website       Friends or relatives       Washington Jewish Week       Other publication
- Beth El Preschool       Attended services or event       Other \_\_\_\_\_
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Do you require transportation to services and/or activities?

- Yes    If yes, we can assist. Contact Ricardo Munster at [rmunster@bethelmc.org](mailto:rmunster@bethelmc.org) or 301-652-2606, ext 316.  
 No

Congregation Beth El is a warm, welcoming, and inclusive community. We strive to ensure that all congregants have the fullest opportunity to participate. Please let us know if there is any way we can assist you.

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**CATEGORY OF MEMBERSHIP**

Two adults with or without children

- At least one adult is 18–29 years old  
 At least one adult is 30–35 years old  
 *Both* adults are 36–69 years old  
 At least one adult is 70–75 years old  
 At least one adult is 76+ years old

One adult with children

- One adult is 18–29 years old with children ages 0–25  
 One adult is 30+ years old with children ages 0–25

One adult

- One adult is 18–29 years old  
 One adult is 30–35 years old  
 One adult is 36–69 years old  
 One adult is 70–75 years old  
 One adult is 76+ years old

\*A non-Jewish spouse will be encouraged to participate as fully as possible in all facets of synagogue life with a few limitations.

I/We understand that, should my/our marital status change, I/we will be expected to notify the synagogue within thirty (30) days and that my/our membership category will change going forward.

I/We hereby apply for membership in Congregation Beth El of Montgomery County. A check for one-quarter of dues is enclosed. If accepted, I/we promise to abide by its constitution, bylaws, and regulations.

\_\_\_\_\_  
Signature of Applicant One      Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant Two      Date \_\_\_\_\_

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**DO NOT WRITE IN THE SPACES BELOW - FOR SYNAGOGUE USE ONLY**

\_\_\_\_\_  
Signature of Executive Director      Date \_\_\_\_\_

- Welcome Letter  
 Listserv  
 Salesforce  
 Outreach  
 Billed  
 Scanned, Uploaded, Distributed  
 Brivo