

# CONGREGATION BETH EL OF MONTGOMERY COUNTY

## APPLICATION FOR MEMBERSHIP

Date \_\_\_\_\_

<b>APPLICANT #1</b>	<b>APPLICANT #2</b>
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other Name (Last, First, Middle)	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other Name (Last, First, Middle)
Hebrew Name (If known; In English transliteration)  _____ ben/bat _____ v' _____ <div style="display: flex; justify-content: space-around; width: 100%;"> <span>Father</span> <span>Mother</span> </div> <input type="checkbox"/> Kohen <input type="checkbox"/> Levi <input type="checkbox"/> Yisrael	Hebrew Name (If known; In English transliteration)  _____ ben/bat _____ v' _____ <div style="display: flex; justify-content: space-around; width: 100%;"> <span>Father</span> <span>Mother</span> </div> <input type="checkbox"/> Kohen <input type="checkbox"/> Levi <input type="checkbox"/> Yisrael
Date of Birth	Date of Birth
Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partnered <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated       Anniversary Date: _____	
Home Address (Street, Apt. No., City, State, Zip Code)	Vacation/Snowbird Address (Street, Apt. No., City, State, Zip Code)
Telephone Number: Cell Phone: E-mail Address:	Telephone Number: Cell Phone: E-mail Address:
Business Telephone Number	Business Telephone Number
E-mail Address	E-mail Address
Occupation	Occupation

Which e-mail address(es) would you like us to use for the Beth El listserv?

Names of Family Members Who Are Not Jewish (They are encouraged to participate as fully as possible in synagogue life.)

### NAMES OF CHILDREN (Children 25 and under as of last June 1)

Name (Last, First, Middle)	Hebrew Name (In English transliteration)		
Date of Birth	<input type="checkbox"/> M <input type="checkbox"/> F	Name of School/Grade	Religious School/Grade
Name (Last, First, Middle)		Hebrew Name (In English transliteration)	
Date of Birth	<input type="checkbox"/> M <input type="checkbox"/> F	Name of School/Grade	Religious School/Grade
Name (Last, First, Middle)		Hebrew Name (In English transliteration)	
Date of Birth	<input type="checkbox"/> M <input type="checkbox"/> F	Name of School/Grade	Religious School/Grade
Name (Last, First, Middle)		Hebrew Name (In English transliteration)	
Date of Birth	<input type="checkbox"/> M <input type="checkbox"/> F	Name of School/Grade	Religious School/Grade



## ACTIVITY DATA

Congregation Beth El has many opportunities for committee/activity participation. Please check those in which you would be interested.

Applicant	Applicant	Applicant
#1 #2	#1 #2	#1 #2
<input type="checkbox"/> <input type="checkbox"/> Adult Education	<input type="checkbox"/> <input type="checkbox"/> Havurot	<input type="checkbox"/> <input type="checkbox"/> Religious School
<input type="checkbox"/> <input type="checkbox"/> Bruchim Habaim (Disability Access)	<input type="checkbox"/> <input type="checkbox"/> House, Properties, Landscaping	<input type="checkbox"/> <input type="checkbox"/> Ritual
<input type="checkbox"/> <input type="checkbox"/> Chesed (Caring)	<input type="checkbox"/> <input type="checkbox"/> Member Retention/Inreach	<input type="checkbox"/> <input type="checkbox"/> Senior Caucus
<input type="checkbox"/> <input type="checkbox"/> Chevra Kadisha (Burial Society)	<input type="checkbox"/> <input type="checkbox"/> Israel Affairs/Masorti	<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"/> Social Action/Tikkun Olam
<input type="checkbox"/> <input type="checkbox"/> Day School	<input type="checkbox"/> <input type="checkbox"/> Marketing/Scroll/Website	<input type="checkbox"/> <input type="checkbox"/> Ushering
<input type="checkbox"/> <input type="checkbox"/> Family Education	<input type="checkbox"/> <input type="checkbox"/> Membership Recruitment	<input type="checkbox"/> <input type="checkbox"/> Vatikim
<input type="checkbox"/> <input type="checkbox"/> Fundraising	<input type="checkbox"/> <input type="checkbox"/> Men's Club	<input type="checkbox"/> <input type="checkbox"/> World Jewry (FSU)
<input type="checkbox"/> <input type="checkbox"/> Green Tikkun (Environment)	<input type="checkbox"/> <input type="checkbox"/> Outreach to Interfaith/Alternative Families	<input type="checkbox"/> <input type="checkbox"/> Youth Activities

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

<input type="checkbox"/> Weekday Morning Minyan	<input type="checkbox"/> Shabbat Early Morning Minyan	<input type="checkbox"/> Nitzanim (Under 6 years of age)
<input type="checkbox"/> Weekday Evening Minyan	<input type="checkbox"/> Main Shabbat Service	<input type="checkbox"/> Gan Shabbat (Grades K-2)
<input type="checkbox"/> Friday Night Traditional Service	<input type="checkbox"/> Minyan Chaverim (Lay-led Shabbat Service with full Torah reading)	<input type="checkbox"/> Shitufim (Grades 3-4)
<input type="checkbox"/> Friday Night Musical Service	<input type="checkbox"/> Worship and Study Minyan (Lay-led Shabbat Service with Torah study and singing)	<input type="checkbox"/> Junior Congregation (Grades 4-6)
		<input type="checkbox"/> Teen Service (Grade 7+)

Skills or hobbies such as Torah/Haftarah reading, leading services, musical instruments, acting/artistic ability, computers, singing, cooking, calligraphy, desktop publishing, or other areas that could be shared with Beth El.

Applicant #1

Applicant #2

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How did you hear about us?

<input type="checkbox"/> Website	<input type="checkbox"/> Friends/Relatives	<input type="checkbox"/> Washington Jewish Week	<input type="checkbox"/> Other Paper
<input type="checkbox"/> Beth El Preschool	<input type="checkbox"/> Attended Beth El Service/Event	<input type="checkbox"/> Other (Please specify)	

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## CATEGORY OF MEMBERSHIP

### Family

- Both applicants 36+ years
- Younger applicant 30-35 years
- Younger applicant 27-29 years
- Younger applicant under 27 years

### Single Parent Family

- Parent 30+ years
- Parent under 30 years

- Senior citizen couple (at least one applicant over 70 years)

### Individual

- 70+ years
- 36-69 years
- 30-35 years
- 27-29 years
- Under 27 years

A non-Jewish partner is an associate member and will be encouraged to participate as fully as possible in all facets of synagogue life with the exception of certain ritual functions, voting at congregational meetings, or holding office.

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

I/We hereby apply for membership in Congregation Beth El of Montgomery County. A check for one-quarter of dues plus a \$25 per child religious school registration fee, if applicable, is enclosed. If accepted, I/we promise to abide by its constitution, by-laws, and regulations.

\_\_\_\_\_  
Signature of Applicant #1

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant #2

Date \_\_\_\_\_

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

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

Date \_\_\_\_\_