

Family Last Name _____ Home Telephone _____

Application Date _____



Beth El Synagogue Membership Application

Beth El Synagogue
5224 West 26th Street
Minneapolis, MN 55416
952-920-3512
FAX 952-920-8755
www.bethelsynagogue.org

Beth El Synagogue Membership Application

(Please Print Clearly or Type — Completing all Information Requested)

		Adult 1 <input type="checkbox"/> Male <input type="checkbox"/> Female	Adult 2 <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Application _____	First Name		
Family Last Name _____	Last Name		
_____	Cell Phone		
Home Address _____	Email		
_____	Birth Name		
City _____	Date of Birth (mm/dd/yyyy)		
State _____ Zip _____	Occupation/Position		
Home Telephone _____	Company		
_____	Work Address		
How long at residence? _____	Work Phone		
<input type="checkbox"/> Rent <input type="checkbox"/> Own	Work Email		
Family Status	Religion	<input type="checkbox"/> Jewish (<input type="radio"/> Kohen <input type="radio"/> Levi <input type="radio"/> Israel) <input type="checkbox"/> Other _____	<input type="checkbox"/> Jewish (<input type="radio"/> Kohen <input type="radio"/> Levi <input type="radio"/> Israel) <input type="checkbox"/> Other _____
<input type="checkbox"/> Married (mm/dd/yyyy) Date ____/____/____	Conversion Date & Place if Applicable		
<input type="checkbox"/> Partner	Hebrew First Name		
<input type="checkbox"/> Single <input type="checkbox"/> Window/Widower	Parents' Hebrew Names		
<input type="checkbox"/> Divorced	Years Religious School – Non Hebraic		
_____	Years Elementary Hebrew		
Previous Congregation Name _____	Years Hebrew High School		
_____	Years Day School		
Location _____	Bar/Bat Mitzvah Date (mm/dd/yyyy)		
<input type="checkbox"/> Conservative <input type="checkbox"/> Reconstruction	Other Hebrew Education		
<input type="checkbox"/> Reform <input type="checkbox"/> Renewal	Confirmation Date		
<input type="checkbox"/> Orthodox	Jewish Camp(s) Attended	: : :	: : :
<input type="checkbox"/> Other _____	Number Of Years	: : :	: : :
Last Year of Affiliation _____	USY or Other Youth Group		
_____	Place of Birth		
_____	Skills/Interests	<input type="checkbox"/> Read Hebrew <input type="checkbox"/> Speak Hebrew <input type="checkbox"/> Chant Kiddush <input type="checkbox"/> Lead Services <input type="checkbox"/> Chant Torah or Haftarah <input type="checkbox"/> Sing in Choir <input type="checkbox"/> Other _____	<input type="checkbox"/> Read Hebrew <input type="checkbox"/> Speak Hebrew <input type="checkbox"/> Chant Kiddush <input type="checkbox"/> Lead Services <input type="checkbox"/> Chant Torah or Haftarah <input type="checkbox"/> Sing in Choir <input type="checkbox"/> Other _____

Please list here special talents, interests, memberships in clubs and communal associations, offices held, honors, books published etc....

How did you hear about Beth El? _____

Why have you chosen to become a Beth El member? _____

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CHILDREN (including step children)

Name		Gender	Birth Date (mm/dd/yyyy)	School		Talmud Torah Grade	Bar/Bat Mitzvah Date	Confirmation Date	Current address if different from above, including college/university
English First & Last	Hebrew Including Father & Mother			Grade	Name				

Other household members, please list their names and relationships. _____

ADULT CHILDREN (including step children)

Full Name	Date of Birth	Date of Marriage	Spouse/Partner	Full Address

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Other Family Members Who Are Members At Beth El

Name	Relationship

Name	Relationship

Yahrzeits

Observer	Name		Relationship	Date of Death <i>(We can look up the Hebrew date for you, if you are not sure)</i>		Memorial Plaque at Beth El?	Do you want to receive Yahrzeit Notice from Beth El?
	English First and Last	Hebrew Including Parents Names		English (mm/dd/yyyy)	Hebrew		
				_____ / _____ / _____ <input type="checkbox"/> Before <input type="checkbox"/> After Sunset	Date Month Year	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				_____ / _____ / _____ <input type="checkbox"/> Before <input type="checkbox"/> After Sunset	Date Month Year	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				_____ / _____ / _____ <input type="checkbox"/> Before <input type="checkbox"/> After Sunset	Date Month Year	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				_____ / _____ / _____ <input type="checkbox"/> Before <input type="checkbox"/> After Sunset	Date Month Year	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				_____ / _____ / _____ <input type="checkbox"/> Before <input type="checkbox"/> After Sunset	Date Month Year	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				_____ / _____ / _____ <input type="checkbox"/> Before <input type="checkbox"/> After Sunset	Date Month Year	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Does family have a cemetery lot? Yes No If yes, location _____
 If no, would you like more information about the Beth El Memorial Park? Yes No

Please Return This Form to Beth El Synagogue • 5224 West 26th Street • St. Louis Park, MN 55416 • FAX 952-920-8775

For Office Use Only

Dues:	Date of Membership Meeting:
Pledge:	Interviewed by:
Seminary:	Effective Date of Affiliation:
Please Bill: <input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Automatic Payment Plan	