

# Membership Information



## HOUSEHOLD INFORMATION

Family Name

Address

City/State/ZIP

Home Phone #

Marital Status

Wedding Date (if applicable)

	ADULT 1	ADULT 2
Title		
First Name		
Last Name		
Profession		
Work Phone #		
Cell Phone #		
Email		
Birthdate		
Hebrew Name		
Religious Background <i>Reform, Conservative, Reconstructionist, Orthodox, Jew-By-Choice, Interfaith Family, Other</i>		

	CHILD 1	CHILD 2	CHILD 3	CHILD 4
Name				
Male/Female				
Hebrew Name				
Birthdate				
Grade				
School				

## Yahrzeits

Name of Deceased	Relationship	Date of Death	Observe English or Hebrew Date





## TELL US ABOUT YOURSELF

What attracted you to Beth Or?

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What do you hope to find at Beth Or?

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Do you have any extended family who are members of Beth Or?

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Does your family have any special needs we should be aware of?

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What special skills, talents, hobbies, or areas of expertise would you like to share with our community?

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Are you willing to strengthen our congregation by volunteering?

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May we list your name as a new member of the synagogue in our publications?  Y  N

## PLEASE SELECT YOUR INTEREST(S) WITHIN OUR CONGREGATION

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|--|---|
| <input type="checkbox"/> Prayer                    | <input type="checkbox"/> Interfaith Family Events   |
| <input type="checkbox"/> Adult Education           | <input type="checkbox"/> Social and Cultural Events |
| <input type="checkbox"/> Religious School          | <input type="checkbox"/> Israel Programs            |
| <input type="checkbox"/> Early Childhood Education | <input type="checkbox"/> Social Action              |
| <input type="checkbox"/> Youth Engagement          | <input type="checkbox"/> Social Justice             |
| <input type="checkbox"/> Sisterhood/Brotherhood    | <input type="checkbox"/> Other Events or Programs   |

## Welcome to Congregation Beth Or!

