

Temple Beth El

P.O. Box 871 Woodlawn Street ~ Augusta, Maine 04322-0871
www.bethelaugusta.org ~ bethela@zwi.net

Membership Application

ADULTS

Adult Member (A)

Adult Member (B)

Name _____
 First **Middle** **Last**

Name _____
 First **Middle** **Last**

Preferred Name _____

Preferred Name _____

Hebrew Name _____

Hebrew Name _____

Gender/Preferred Pronoun _____

Gender/Preferred Pronoun _____

D.O.B. _____ **Occupation** _____

D.O.B. _____ **Occupation** _____

Employer _____

Employer _____

Work Phone _____

Work Phone _____

Cell Phone _____

Cell Phone _____

Email _____

Email _____

Fax _____

Fax _____

Emergency Contact

Emergency Contact

Name _____

Name _____

Phone _____ **Relationship** _____

Phone _____ **Relationship** _____

Home Address

Street _____

City _____ **Zip Code** _____

Home Phone _____ **Home Fax** _____

CHILDREN

Name _____
First Middle Last

Name _____
First Middle Last

Preferred Name _____ Gender _____

Preferred Name _____ Gender _____

Hebrew Name _____

Hebrew Name _____

D.O.B. _____ Current Grade _____

D.O.B. _____ Current Grade _____

School _____

School _____

Expected Bar/Bat Mitzvah in year _____

Expected Bar/Bat Mitzvah in year _____

Home Address (if different from member)

Home Address (if different from member)

Street _____

Street _____

City _____ Zip Code _____

City _____ Zip Code _____

Emergency Contact

Emergency Contact

Name _____

Name _____

Phone _____ Relationship _____

Phone _____ Relationship _____

Name _____
First Middle Last

Name _____
First Middle Last

Preferred Name _____ Gender _____

Preferred Name _____ Gender _____

Hebrew Name _____

Hebrew Name _____

D.O.B. _____ Current Grade _____

D.O.B. _____ Current Grade _____

School _____

School _____

Expected Bar/Bat Mitzvah in year _____

Expected Bar/Bat Mitzvah in year _____

Home Address (if different from member)

Home Address (if different from member)

Street _____

Street _____

City _____ Zip Code _____

City _____ Zip Code _____

Emergency Contact

Emergency Contact

Name _____

Name _____

Phone _____ Relationship _____

Phone _____ Relationship _____

Other Information

Adult Member (A)

- Jewish**
- Non-Jewish**

Your religious background

Adult Member (B)

- Jewish**
- Non-Jewish**

Your religious background

How do you prefer your receiving information (e.g. newsletter, yahrzeit notifications, etc.)?

Please Circle One: Print Email

How do you prefer receiving information (e.g. newsletter, yahrzeit notifications, etc.)?

Please Circle One: Print Email

Temple Beth El maintains its membership data for official synagogue use only. Members may choose to be included in the membership directory which is distributed to congregants only.

Include in Member Directory? ___ Yes ___ No

Include in Member Directory? ___ Yes ___ No

Yahrzeits to be Observed:

Please inform us via email or below the list for both Adult Member A & B of Yahrzeits you would like to be observed at Temple Beth El. Include: name of individual, relationship to member (and which member), date of death (civil), and whether you would like to have the date observed by the Jewish or Gregorian Calendar.
