

TEMPLE BETH EL
1836 ROHRERSTOWN ROAD
LANCASTER, PA 17601
(717) 581-7891
www.tb Lancaster.org

MEMBERSHIP APPLICATION

WELCOME TO TEMPLE BETH EL

BETH EL MEMBERSHIP OFFERS:

- **A feeling of pride and satisfaction in being a Jew**
- **Minyans**
- **Special Holiday Celebrations**
- **Pre-school age activities**
- **Religious School**
- **Junior Congregation**
- **Confirmation**
- **Hebrew High**
- **USY and Kadima Youth Programs**
- **Adult Education classes**
- **Sisterhood**
- **Men's Club**
- **Monthly bulletin, Temple mailings and weekly e-mails**
- **Social events**
- **Library: open to Temple members and children**
- **Seats for the High Holidays**
- **Cemetery plots**
- **Affiliation with United Synagogue (Conservative)**

Date _____

BASIC MEMBERSHIP INFORMATION

| | | |
|--|---|--|
| 1) Type of Membership | Single <input type="checkbox"/> | Family <input type="checkbox"/> |
| | ADULT MALE | ADULT FEMALE |
| 2a) Title you prefer | Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> | Dr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> |
| 2b) First and Middle Name | | |
| 2c) Last Name | | |
| 3) Address (street name & number, city, zip): | | |
| 4) E-mail address | | |
| 5a) Home Phone | | |
| 5b) Business Phone | | |
| 5c) Mobile Phone | | |
| 6) Occupation | | |
| 7) Hebrew Name: Contact the Rabbi if you do not know your Hebrew name | <p style="text-align: center;">Hebrew Name</p> Name _____ Son of _____ and _____ Kohen <input type="checkbox"/> Levi <input type="checkbox"/> Yisrael <input type="checkbox"/> | <p style="text-align: center;">Hebrew Name</p> Name _____ Daughter of _____ and _____ Kohen <input type="checkbox"/> Levi <input type="checkbox"/> Yisrael <input type="checkbox"/> |
| 8) Date of Birth | Month: _____ Day: _____ Year: _____ | Month: _____ Day: _____ Year: _____ |
| 9) Marital Status | Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> | Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> |
| 10) Anniversary Date | Month: _____ Day: _____ Year: _____ | Month: _____ Day: _____ Year: _____ |
| 11a) Bar/Bat Mitzvah Date: (if known) | Month: _____ Day: _____ Year: _____ | Month: _____ Day: _____ Year: _____ |
| 11b) Torah Portion: (if known) | | |
| 12a) How many children do you have? | | |
| 12b) Names & ages if under 25 | | |
| 13) In case of emergency the Temple is to notify: (include name, phone number, relationship) | | |
| 14) Special needs: Hearing impaired, Visually impaired, wheelchair access, transportation needs, other (please specify) | | |
| 15) Prior synagogue affiliation: If you have previously been affiliated with either of the two Lancaster synagogues, you must be in good financial standing with them before your membership application is accepted to Temple Beth El. | | |
| Name of synagogue: | | |
| Years of membership: | | |