

**Temple Beth El**

PO Box 871 ~ Augusta, Maine 04322-0871  
[www.bethelaugusta.org](http://www.bethelaugusta.org) ~ [bethelaugusta@gmail.com](mailto:bethelaugusta@gmail.com)

**Membership Application**

**ADULTS**

**Adult Member (A)**

Name \_\_\_\_\_  
          **First**          **Middle**          **Last**

**Preferred Name** \_\_\_\_\_

**Hebrew Name** \_\_\_\_\_

**Gender/Preferred Pronoun** \_\_\_\_\_

**D.O.B.** \_\_\_\_\_ **Occupation** \_\_\_\_\_

**Employer** \_\_\_\_\_

**Work Phone** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

**Address**

**Street** \_\_\_\_\_

**City** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Anniversary** \_\_\_\_\_

**Adult Member (B)**

Name \_\_\_\_\_  
          **First**          **Middle**          **Last**

**Preferred Name** \_\_\_\_\_

**Hebrew Name** \_\_\_\_\_

**Gender/Preferred Pronoun** \_\_\_\_\_

**D.O.B.** \_\_\_\_\_ **Occupation** \_\_\_\_\_

**Employer** \_\_\_\_\_

**Work Phone** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

**Children**

**Children living at home**

<b>Name (first, middle last)</b>	<b>Nickname</b>	<b>Date of Birth</b>	<b>Grade in School</b>

**Children not living at home**

<b>Name (first, middle, last)</b>	<b>Date of Birth</b>	<b>Residence City, State</b>	<b>Spouse's Name (or N/A)</b>

**Other Information**

**Adult Member (A)**

- Jewish
- Non-Jewish

**Your religious background**

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**Adult Member (B)**

- Jewish
- Non-Jewish

**Your religious background**

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*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. The last column indicates whether you would like to have the date observed by the Jewish (J) or Gregorian (G) Calendar.**

**Yahrzeits for Member A**

<b>Name of Deceased</b>	<b>Relationship to Member</b>	<b>Date of Death (civil)</b>	<b>J or G?</b>

**Yahrzeits for Member B**

<b>Name of Deceased</b>	<b>Relationship to Member</b>	<b>Date of Death (civil)</b>	<b>J or G?</b>

**Temple Beth El embraces a spirit of community, lifelong Jewish learning, sense of inclusiveness, and active participation in Jewish life. The congregation provides opportunities for its members to engage in prayer, study, and Jewish ethical practices.**

\_\_\_\_\_ *Signature of Member A* \_\_\_\_\_ *Date*

\_\_\_\_\_ *Signature of Member B* \_\_\_\_\_ *Date*

**Please call the office for assistance if you have disabilities that make it difficult to fill out this application. 207.622.7450.**