

Temple Beth El

PO Box 871 3 Woodlawn Street ~ Augusta, Maine 04322-0871
www.bethelaugusta.org ~ 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

Name (first, middle last)	Nickname	Date of Birth	Grade in School

Children not living at home

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

Other Information

Adult Member (A)

- Jewish
- Non-Jewish

Your religious background

Adult Member (B)

- Jewish
- Non-Jewish

Your religious background

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

Name of Deceased	Relationship to Member	Date of Death (civil)	J or G?

Yahrzeits for Member B

Name of Deceased	Relationship to Member	Date of Death (civil)	J or G?

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.