

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)

Adult Member (B)

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

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

Preferred Name _____

Preferred Name _____

Hebrew Name _____

Hebrew Name _____

Pronoun(s) _____

Pronoun(s) _____

Occupation _____

Occupation _____

Employer _____

Employer _____

Home Phone _____

Home Phone _____

Cell Phone _____

Cell Phone _____

Work Phone _____

Work Phone _____

Email _____

Email _____

D.O.B. _____

D.O.B. _____

Wedding Anniversary _____

Address

Street _____

City _____ Zip Code _____

Do you wish to be included in the printed Temple Beth El Membership Directory? ____ YES ____ NO
If yes, please indicate what information you want us to include:

____ Name of Adult(s) ____ Name(s) of Children ____ Mailing Address

____ E-Mail Address ____ Cell Phone ____

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

Yahrzeits to be Observed:

Please provide 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 Adult Member A

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

Yahrzeits for Adult 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 if you need assistance completing this application at: 207.622.7450.