

Temple Beth El

P. O. Box 442
Eureka, CA 95502
(707) 444-2846
bethel@reninet.com

Membership Application

Application Date: _____

Name(s): _____

Mailing Address: _____

City/State: _____ Zip Code: _____ Phone: _____

E-Mail(s): _____ Fax: _____

Adult One

Adult Two

Full Name _____

Date of Birth _____

Place of Birth _____

Hebrew Name _____

Occupation _____

Name of Business _____

Business Location _____

Business Phone _____

Reasons for joining Temple Beth El:

Referred by: _____

Previous Jewish Affiliation (name and location of institution, years of affiliation): _____

Name (Adult 1) _____

Name (Adult 2) _____

Please circle.

Religious Tradition: Reform
Conservative
Orthodox
Jewish, Unaffiliated
Non-Jewish
TBE Conversion Student

Reform
Conservative
Orthodox
Jewish, Unaffiliated
Non-Jewish
TBE Conversion Student

Hebrew Fluency: Fluent
Some Conversation
Prayer Book
Aleph-Bet Recognition
None

Fluent
Some Conversation
Prayer Book
Aleph-Bet Recognition
None

Jewish Education: B'nai Mitzvah
Confirmation
Summer Camp
Adult Education

B'nai Mitzvah
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Summer Camp
Adult Education

Do you have experience in any of the following areas? If so, please specify and include details.

Religious School Teaching _____

Religious School Administration _____

Leading Friday Night Services _____

Leading Saturday Morning Services _____

Teaching Jewish Adult Education _____

Chanting Torah or Haftarah _____

Judaica Artwork _____

Musical Skills _____

Temple Administration _____

Temple Board of Directors _____

Temple Committees _____

Grantwriting _____

Website Design and Management _____

Jewish Camp Counselor _____

Travel or Residence in Israel _____

Knowledge of Yiddish, Ladino, or Judeo-Arabic _____

Other experience pertinent to Temple Beth El _____

Minor Children

Full Name (first and last)			
Nickname			
Hebrew Name			
Date of Birth			
Gender			
School			
Previous Jewish Education			
Jewish Summer Camp Experience			
Experience in NFTY or other Youth Programs			
Will attend TBE Religious School?			
Future TBE B'nai Mitzvah?			
Interest in TBE Youth Group?			

Adult Children - Names, ages, place of residence, occupation: _____

Grandchildren - Names, ages, place of residence, occupation: _____

Other Relatives or Special Relationships: _____

Yahrzeit – Remembering Departed Relatives

Full Name: _____ Relationship: _____ Date, Time, and Year of Death (if known): _____

New members are warmly encouraged to join one or more of the following committees.

Please indicate your interest by writing in the name of Adult 1 or Adult 2.

- _____ Adult Education – *plans and promotes courses on Jewish culture and religion*
- _____ B'nai Mitzvah – *plans and organizes special activities for B'nai Mitzvah students*
- _____ Book Shop – *orders and displays new and used books*
- _____ Building & Security – *maintains Temple Beth El and grounds, security equipment and procedures*
- _____ Development & Endowment – *pursues long-term fiscal support*
- _____ Fundraising – *plans and organizes events*
- _____ Gift Shop – *orders and displays Judaica items, conducts Chanukah sale*
- _____ Hevra Kaddisha – *prepares the dead for burial*
- _____ Holiday – *plans and coordinates diverse Shabbat Services and Holiday Events*
- _____ Library – *manages TBE collection of books, tapes and CDs*
- _____ Life Cycle – *provides hospitality and support at baby namings, weddings, funerals*
- _____ Loving Kindness – *organizes support for members in need*
- _____ Newsletter – *prepares bi-monthly publication*
- _____ Religious School – *designs curriculum, sets policy, hires and supervises teaching staff*
- _____ Social Action – *represents TBE in various community projects*

Is there any other information you would like to add to your application?

Signature of Applicant(s): _____

Todah Rabah – Thank You