

Temple Beth El Membership Application

Thank you for your interest in joining Temple Beth El.

Your application will be forwarded to the Membership Committee, and then on to the Board of Directors, which meets monthly. You will receive a New Member Packet once your membership application has been approved. You will be sent a Membership card when we receive your first dues payment.

Application Date: _____

Please choose one:

- ☐ Jewish parent
- ☐ Jewish spouse
- ☐ Seeking Jewish conversion

☐ Other (please explain)

Adult One

Full Name: _____

Preferred Pronoun: _____

Address: _____

Home/Cell Phone: _____

Email: _____

Birthdate: _____

Hebrew Name: _____

Occupation: _____

Name of Business: _____

Business Location: _____

Business Phone: _____

Adult Two

Full Name: _____

Preferred Pronoun: _____

Address: _____

Home/Cell Phone: _____

Email: _____

Birthdate: _____

Hebrew Name: _____

Occupation: _____

Name of Business: _____

Business Location: _____

Business Phone: _____

Reasons for Joining Temple Beth El: _____

Referred By: _____

Please provide the name and location of Jewish Organization or Synagogue, and years of affiliation: _____

Person to contact to verify Jewish affiliation: _____

Phone number and Email of Contact Person: _____

Select all that apply.

Select all that apply.

Adult Two

Adult Two

_____	_____	None	_____	_____	Temple Committees
_____	_____	Religious School Teaching	_____	_____	Committee: _____
_____	_____	Religious School Administration	_____	_____	Grant Writing
_____	_____	Leading Friday Night Services	_____	_____	Website Management
_____	_____	Teaching Jewish Adult Education	_____	_____	Jewish Camp Counselor
_____	_____	Chanting Torah or Haftorah	_____	_____	Travel or Residence in Israel
_____	_____	Judaica Artwork	_____	_____	Knowledge of Yiddish, Ladino, or Judeo-Arabic
_____	_____	Choir/Music Instrument: _____	_____	_____	Visual Technology
_____	_____	Temple Administration	_____	_____	Website Design & Management
					Security

KSA Description:

For any of the knowledge, skills and abilities selected above, please provide any relevant details:

Other Experience

Please describe any other experience pertinent to Temple Beth El

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

Fluent; Some Conversation; Prayer Book; Aleph-Bet
Recognition; None

B'nai Mitzvah; Confirmation; Summer Camp; Adult Education

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

Fluent; Some Conversation; Prayer Book; Aleph-Bet
Recognition; None

B'nai Mitzvah; Confirmation; Summer Camp; Adult Education

I will Volunteer here - select all that apply.

Adult One

Adult Two

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Adult Education/Guest Presenters |
| <input type="checkbox"/> | <input type="checkbox"/> | Building and Groundskeeping |
| <input type="checkbox"/> | <input type="checkbox"/> | Children's Education |
| <input type="checkbox"/> | <input type="checkbox"/> | Choir/Music - Instrument: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Fundraising |
| <input type="checkbox"/> | <input type="checkbox"/> | Hospitality (Greeting and Kitchen Coordination) |
| <input type="checkbox"/> | <input type="checkbox"/> | Jewish Holiday Planning |
| <input type="checkbox"/> | <input type="checkbox"/> | Library Management |
| <input type="checkbox"/> | <input type="checkbox"/> | Meals for Shelters (Cooking once a month) |
| <input type="checkbox"/> | <input type="checkbox"/> | Membership |
| <input type="checkbox"/> | <input type="checkbox"/> | Antisemitism Task Force |
| <input type="checkbox"/> | <input type="checkbox"/> | Chevre Kadesha (Caring for the deceased) |
| <input type="checkbox"/> | <input type="checkbox"/> | Loving Kindness |
| <input type="checkbox"/> | <input type="checkbox"/> | Ritual |
| <input type="checkbox"/> | <input type="checkbox"/> | Temple Security - Urgent need! |
| <input type="checkbox"/> | <input type="checkbox"/> | Social Action |
| <input type="checkbox"/> | <input type="checkbox"/> | Visual Technology (Livestream & Zoom) - Urgent need! |
| <input type="checkbox"/> | <input type="checkbox"/> | Website Design & Management - Urgent need! |

Adult Children & Grandchildren:

Please provide names & ages of any adult children: _____

Please provide names & ages of any grandchildren: _____

Yahrzeits - Remembering Departed Relatives

Please provide the full name, relationship, and full date of death for each of those whom you would like to add to our Yahrzeit list.

Name	Hebrew Name	Date of Death	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Children Information

First Name (Minor Child One):

Last Name (Minor Child One): _____

Nickname (Minor Child One): _____

Hebrew Name (Minor Child One): _____

Date of Birth Minor Child One): _____

Gender (Minor Child One): _____

School (Minor Child One): _____

Previous Jewish Education (Minor Child One): _____

Jewish Summer Camp Experience (Minor Child One): _____

Experience in NFTY or other Youth Programs (Minor Child One): _____

Will Attend TBE Religious School? (Minor Child One): ☐ Yes ☐ No ☐ MaybeFuture TBE B'nai Mitzvah? (Minor Child One): ☐ Yes ☐ No ☐ MaybeInterest in TBE Youth Group? (Minor Child One): ☐ Yes ☐ No ☐ Maybe

First Name (Minor Child Two):

Last Name (Minor Child Two): _____

Nickname (Minor Child Two): _____

Hebrew Name (Minor Child Two): _____

Date of Birth (Minor Child Two): _____

Gender (Minor Child Two): _____

School (Minor Child Two): _____

Previous Jewish Education (Minor Child Two): _____

Jewish Summer Camp Experience (Minor Child Two): _____

Experience in NFTY or other Youth Programs (Minor Child Two): _____

Will Attend TBE Religious School? (Minor Child Two): ☐ Yes ☐ No ☐ MaybeFuture TBE B'nai Mitzvah? (Minor Child Two): ☐ Yes ☐ No ☐ MaybeInterest in TBE Youth Group? (Minor Child Two): ☐ Yes ☐ No ☐ Maybe

First Name (Minor Child Three):

Last Name (Minor Child Three): _____

Nickname (Minor Child Three): _____

Hebrew Name (Minor Child Three): _____

Date of Birth (Minor Child Three): _____

Gender (Minor Child Three): _____

School (Minor Child Three): _____

Previous Jewish Education (Minor Child Three): _____

Jewish Summer Camp Experience (Minor Child Three): _____

Experience in NFTY or other Youth Programs (Minor Child Three): _____

Will Attend TBE Religious School? (Minor Child Three): ☐ Yes ☐ No ☐ MaybeFuture TBE B'nai Mitzvah? (Minor Child Three): ☐ Yes ☐ No ☐ MaybeInterest in TBE Youth Group? (Minor Child Three): ☐ Yes ☐ No ☐ Maybe

Temple Beth El Membership Privileges & Responsibilities

Founded over 60 years ago, Temple Beth El serves the Jewish community of Humboldt County and provides a Jewish perspective in interfaith endeavors. We are proudly affiliated with the Union for Reform Judaism. Our members come from many different religious, cultural and ethnic backgrounds. Some of us were raised in traditional Reform, Conservative, or Orthodox homes, while others began exploring Judaism as adults.

We welcome Jewish and interfaith families and individuals, including those who are new to Jewish study and practice. We are a Welcoming Synagogue, dedicated to inclusion of all gender identities and orientations.

Joining Temple Beth El means becoming part of an intergenerational, extended Jewish family. We gather to support one another in times of both joy and sorrow. Our programs are designed to meet the diverse spiritual, religious, educational, and social needs of our members.

We work together on local, statewide, national and international social and environmental issues, including climate, human rights, reproductive justice, and gun violence prevention. We seek out opportunities to support our local Native American, Black, Muslim and immigrant communities.

We are a small congregation with two paid staff members that include a part-time Rabbi and a part-time Temple Administrator. We have many dedicated Temple members who graciously volunteer as Tefilah (Prayer) Leaders, develop cultural and education programming, care for our facility, assist with our Children's Education Program and serve in a variety of capacities. The Temple functions well because of the active involvement of all of its members.

Privileges of Temple Beth El Membership

1. Active involvement in a supportive and vibrant Jewish community.
2. Participation in religious services and Life Cycle Events.
3. Participation in Children's and Adult Education.
4. Opportunity to engage with a Temple Beth El Rabbi.
5. Opportunity for involvement in interfaith events.
6. Use of Library.
7. Members' email Weekly Update and Weekend Reminders.
8. Zoom and livestream links to events.
9. Access to Members' Only side of Website.
10. Admission and reduced fees to events at Temple Beth El and other sites.
11. Committee and task force participation.
12. Eligibility to serve on Board of Directors.

Attendance and voting at annual Membership Meeting.

Responsibilities of Temple Beth El Membership

1. Keep payment of dues current.
2. Donate time and skills as a volunteer at Temple programs and activities.
3. Participate through service on committees, task forces, board, etc.
4. Maintain confidentiality of members-only information.
5. Comply with security, safety and health guidelines.
6. Train and be trained in security measures.

Understand and maintain ethical and moral standards of Temple Beth El.

I have read and understand all of the above.

Signature of Applicant One

Signature of Applicant Two