

**TEMPLE BETH EL
1836 ROHRERSTOWN ROAD
LANCASTER, PA 17601
(717) 581-7891
www.tbelancaster.org**

MEMBERSHIP APPLICATION

WELCOME TO TEMPLE BETH EL

BETH EL MEMBERSHIP OFFERS:

- **A feeling of pride and satisfaction in being a Jew**
- **Minyans**
- **Special Holiday Celebrations**
- **Pre-school age activities**
- **Religious School**
- **Junior Congregation**
- **Confirmation**
- **Hebrew High**
- **USY and Kadima Youth Programs**
- **Adult Education classes**
- **Sisterhood**
- **Men's Club**
- **Monthly bulletin, Temple mailings and weekly e-mails**
- **Social events**
- **Library: open to Temple members and children**
- **Seats for the High Holidays**
- **Cemetery plots**
- **Affiliation with United Synagogue (Conservative)**

Date: _____

SECTION I: BASIC MEMBERSHIP INFORMATION

Type of Membership	Single	Family
	ADULT MALE	ADULT FEMALE
Title you prefer	Dr. ___ Mr. ___	Dr. ___ Mrs. ___ Ms. ___ Miss ___
First and Middle Name		
Last Name		
Address (Street Number & Name, City, Zip)		
E-mail address		
Home Phone		
Mobile Phone		
Business Phone		
Occupation		
Hebrew Name (Contact the Rabbi if you do not know your Hebrew name)	_____ Son of _____ and _____ Kohen ___ Levi ___ Yisrael ___	_____ Dtr. of _____ and _____ Kohen ___ Levi ___ Yisrael ___
Marital Status	Married ___ Single ___ Divorced ___ Separated ___ Widowed ___	Married ___ Single ___ Divorced ___ Separated ___ Widowed ___
Date of Birth	Month: Day: Year:	Month: Day: Year:
Anniversary Date	Month: Day: Year:	Month: Day: Year:
Bar/Bat Mitzvah Date (if known)	Month: Day: Year:	Month: Day: Year:
Torah Portion (if known)		
How many children do you have?		
Names & ages under 25		
In case of emergency the Temple is to notify: (include name, phone number, relationship)		
Special needs: Hearing impaired, Visually impaired, wheelchair access, transportation needs, other (please specify)		
Prior synagogue affiliation: <i>(If previously affiliated with either of the other two Lancaster synagogues, you must be in good financial standing with them before your membership application is accepted to Temple Beth El.)</i> Name of synagogue: Years of membership:		

SECTION II: HEBREW KNOWLEDGE, INTERESTS, AND SKILLS
(This section is optional)

	ADULT MALE		ADULT FEMALE	
Can you read Hebrew?	Yes	No	Yes	No
Can you lead a Minyan?	Yes	No	Yes	No
Would you lead a Minyan at a Shiva house?	Yes	No	Yes	No
Can you read Torah?	Yes	No	Yes	No
Can you read Haftorah?	Yes	No	Yes	No
If yes, how many weeks notice do you need to prepare?	Torah _____	Haftorah _____	Torah _____	Haftorah _____
Do you require use of a recording (write yes if you require a recording)	Torah _____	Haftorah _____	Torah _____	Haftorah _____
Can you lead services?	Yes	No	Yes	No
On Friday night?	Yes	No	Yes	No
On Saturday morning?	Yes	No	Yes	No
Would you give a D'var Torah?	Yes	No	Yes	No

SECTION III: YAHRZEIT DATA

Deceased's First Name	Deceased's Last Name	English date of death (mm/dd/yyyy)	Hebrew date of death (mm/dd/yyyy)	Relationship to which family member (ex. Mother of Sarah)

SECTION IV: DEPENDENT CHILDREN

Please fill in the following information as it applies to each of your dependent children. (If you have more than five (5), please use the back of this page or a separate sheet.)

	1	2	3	4	5
First Name					
Last Name					
Birth Date					
Gender	Male Female	Male Female	Male Female	Male Female	Male Female
Address: (if different from yours, including college name) City, State, Zip					
Phone (if different from yours)					
Hebrew Name					
Religious School (Include Name and whether Previously Attended, Currently Attending, or Completed)					
Bar/Bat Mitzvah	Yes No Date: _____	Yes No Date: _____	Yes No Date: _____	Yes No Date: _____	Yes No Date: _____
Public/Private School (Include Grade, if applicable)					
Can Read Torah	Yes No	Yes No	Yes No	Yes No	Yes No
Can Read Haftorah	Yes No	Yes No	Yes No	Yes No	Yes No
If yes, how many weeks notice required to prepare?	_____	_____	_____	_____	_____
Do they require use of a recording to prepare?	Torah Haftorah _____	Torah Haftorah _____	Torah Haftorah _____	Torah Haftorah _____	Torah Haftorah _____