

FRIEND OF TEMPLE BETH EL APPLICATION FORM

Return to:

Temple Beth El Lancaster
PO Box 727 East Petersburg PA 17520-0727

Date _____

Section 1: Explanation of Friend of the Temple Association with Temple Beth El

This category of association with Temple Beth El (“the Temple”) is for people who attend events and activities at the Temple and who wish to establish a more formal relationship with the Temple. It is available to persons who are members in good standing at another local synagogue. A local synagogue is one which is less than 50 miles from the Temple. Individuals and/or families who become a Friend of the Temple will be added to the Temple mailing list for activities and events and will be listed in the Temple Family Directory with a special denotation. A Friend of the Temple is not a member of the Temple, and no rights or privileges of any category of membership are bestowed or to be inferred.

The Temple’s Board has established the following Friend of the Temple fee structure:

Membership year: July 1- June 30. (50% discount if initially associate after January 1.)

Individual: minimum donation **\$100 per year**; Family: minimum donation **\$150 per year**.

Section 2: Applicant Information

| | | |
|--|---|---|
| 1) Type of Association | ♣ Single | ♣ Family |
| | ADULT MALE | ADULT FEMALE |
| 2) Title you prefer: | ♣ Dr . ♣ Mr. | ♣ Dr. ♣ Mrs. ♣ Ms ♣ Miss |
| 3) First and Middle Name: | | |
| 4) Last Name: | | |
| 5) Address (street name & number, city, zip): | | |
| 6) E-mail address: | | |
| 7a) Home Phone | | |
| 7b) Business Phone | | |
| 7c) Mobile Phone | | |
| 8) Occupation | | |
| 9) Date of Birth | Month: Day: Year: | Month: Day: Year: |
| 10) Marital Status: | ♣Married ♣ Single ♣ Divorced ♣ Separated ♣ Widowed | ♣ Married ♣ Single ♣ Divorced ♣ Separated ♣ Widowed |
| 11) Anniversary Date: Month: Day: Year: ♣ Not Applicable | | |
| 12) In case of emergency the Temple is to notify (include name, phone number, relationship): | | |
| 13) Special needs: Hearing impaired, visually impaired, wheelchair access, transportation needs, other (please specify). | | |
| 14) Local synagogue affiliation (if outside of Lancaster, include address and phone number, as well as name): | | |