

# APPLICATION

## Temple Beth Torah Membership Application

5700 N.W. 94<sup>th</sup> Avenue, Tamarac, Florida 33321

954-721-7660 ✦ FAX: 954-720-0967 ✦ [www.TBtonline.org](http://www.TBtonline.org)



We are pleased that you have chosen to join our congregation. Please complete the following application as fully as possible. In so doing, you will help us serve your needs to the best of our ability.

Date of application:		
	<b>Member 1</b>	<b>Member 2</b>
Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other _____	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other _____
First and Last Name, including Middle Initial		
Nickname (if preferred)		
Date of Birth		
Maiden Name (or N/A)		
Hebrew Name (or N/A)		
Mother's Hebrew Name (or N/A)		
Father's Hebrew Name (or N/A)		
Address		
Home Phone Number		
Cell Phone Number		
E-mail Address		
<b>Occupation</b>		
	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Retired <input type="checkbox"/> Student	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Retired <input type="checkbox"/> Student
	Employer:	Employer:
	Business Phone:	Business Phone:
	Business Fax:	Business Fax:
	Business E-mail:	Business E-mail:
<b>Marital Status</b>	<input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Partnered <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	
Wedding Anniversary (if any)		
<b>Religious Background</b>		
Are you Jewish?	<input type="checkbox"/> Kohen <input type="checkbox"/> Levi <input type="checkbox"/> Israelite	<input type="checkbox"/> Kohen <input type="checkbox"/> Levi <input type="checkbox"/> Israelite
Can you	<input type="checkbox"/> daven <input type="checkbox"/> read Torah <input type="checkbox"/> read Haftorah	<input type="checkbox"/> daven <input type="checkbox"/> read Torah <input type="checkbox"/> read Haftorah
Are all immediate family members Jewish or converted?		
If no, who is not Jewish?		
If a conversion took place, who is converted?		
Was the conversion by an <input type="checkbox"/> Orthodox <input type="checkbox"/> Conservative <input type="checkbox"/> Reform <input type="checkbox"/> Other Rabbi?		
Current/Previous Synagogue Affiliation Name and location of current/previous synagogue(s)		

Community Involvement (community activities, board affiliations, volunteer work or related experience)				
<b>Education</b>				
College/University/Degree				
Graduate School/Degree				
<b>Yartzheits (attach extra pages if necessary)</b>				
<i>Deceased's name (1)</i>				
Hebrew Date of Death			English Date of Death	
Relative of:			Relationship	
<i>Deceased's name (2)</i>				
Hebrew Date of Death			English Date of Death	
Relative of:			Relationship	
<i>Deceased's name (3)</i>				
Hebrew Date of Death			English Date of Death	
Relative of:			Relationship	
<i>Deceased's name (4)</i>				
Hebrew Date of Death			English Date of Death	
Relative of:			Relationship	
<b>Children</b>	Child/Dependent 1	Child Dependent 2	Child Dependent 3	Child Dependent 4
Enrolled in TBT Early Childhood Center?				
Enrolled in TBT Religious School?				
First and Last Name, including Middle Initial				
Gender				
Relationship				
Bar/Bat Mitzvah Date				
Hebrew Name (or N/A)				
Current Secular School/College/Year				

Members are the core of our congregation. We encourage you to get involved. Your participation is vital to our efforts. Please place your initials next to your choices.

	Budget and Finance		Early Childhood/Camp		Library
	Marketing & Communications		Membership		Men's Club
	Religious Education		Ritual		Sisterhood
	Tikkun Olam		Ways and Means		Youth Commission

By signing this membership application, I/we agree to abide by the responsibilities of Temple Beth Torah, Tamarac Jewish Center as outlined in the By-laws (updated May 2010). I/we further agree to assume all proper financial obligations as set forth by Temple Beth Torah.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_