

# Congregation Beth El Membership Application

(Please print clearly)

Date: \_\_\_\_\_

Name(s) to use on mailing labels: \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Mobile Phone ( ) \_\_\_\_\_

E-Mail \_\_\_\_\_ Mail Preference:  E-Mail  
 Paper and Envelopes

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## Adult #1

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Informal Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

Jewish? \_\_Yes \_\_No (see note below) Work Address: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Marital status (optional): \_\_\_\_\_ Work Fax: ( ) \_\_\_\_\_

Anniversary Date (if applicable): \_\_\_\_\_ Check One (if applicable)  Kohen  Levi

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## Adult #2

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Informal Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

Jewish? \_\_Yes \_\_No (see note below) Work Address: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Marital status (optional): \_\_\_\_\_ Work Fax: ( ) \_\_\_\_\_

Anniversary Date (if applicable): \_\_\_\_\_ Check One (if applicable)  Kohen  Levi

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Note: We welcome non-Jewish partners and encourage them to participate in the life of our community. If you have questions or concerns in this area please talk with our rabbi Nina Mandel at 570-286-1490.

# Congregation Beth El Membership Application

## Children

**First Name:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_ **Enrolled in Beth El Hebrew School?** \_\_Yes \_\_No

**Address** (if different from yours): \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** (if different): (     ) \_\_\_\_\_ **Hebrew Name** \_\_\_\_\_

**Sex:**            M  F                      **Birth Date:** \_\_\_\_\_

**E-mail address** (if you want your child to receive e-mail from the synagogue): \_\_\_\_\_

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**First Name:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_ **Enrolled in Beth El Hebrew School?** \_\_Yes \_\_No

**Address** (if different from yours): \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** (if different): (     ) \_\_\_\_\_ **Hebrew Name** \_\_\_\_\_

**Sex:**            M  F                      **Birth Date:** \_\_\_\_\_

**E-mail address** (if you want your child to receive e-mail from the synagogue): \_\_\_\_\_

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**First Name:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_ **Enrolled in Beth El Hebrew School?** \_\_Yes \_\_No

**Address** (if different from yours): \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** (if different): (     ) \_\_\_\_\_ **Hebrew Name** \_\_\_\_\_

**Sex:**            M  F                      **Birth Date:** \_\_\_\_\_

**E-mail address** (if you want your child to receive e-mail from the synagogue): \_\_\_\_\_

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Note: List additional children on the back of this form

# Congregation Beth El Membership Application

## Special Interests

- |   |   |
|---|---|
| <input type="checkbox"/> Bikkur Holim (visiting the sick/homebound)<br><input type="checkbox"/> Israeli Affairs<br><input type="checkbox"/> Library | <input type="checkbox"/> Outreach<br><input type="checkbox"/> Children's Activities<br><input type="checkbox"/> Teen Activities<br><input type="checkbox"/> Other _____ |
|---|---|
- 

## Skills & Experiences

	(Adult #1 name)	(Adult #2 name)
Previous Jewish education (Hebrew school, day school, high school, college)		
Reading Torah (please list portion(s) that you already know)		
Reading Haftorah (please list portion(s) that you already know)		
Artistic skills (singing, musical instruments, shofar blowing, arts or crafts, etc.)		
Computer skills (database, Web site design, other)		
Fund-raising/Finance experience		
Other		

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## Yahrzeit Information

*If you would like to be reminded of the anniversary of the death of a loved one:*

Name of deceased	Related to whom?	Relation-ship	Date of death	Died before sundown?*	Hebrew name

*\*Note: The time of death (before or after sundown) is needed to determine the date of death on the Jewish calendar.*

# Congregation Beth El Membership Application

## Synagogue Committee Interests

(Please indicate which person is interested in each committee you select):

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Adult Education         | <input type="checkbox"/> Social/Entertainment | <input type="checkbox"/> Finance/Budget            |
| <input type="checkbox"/> Religious/Hebrew School | <input type="checkbox"/> Cemetery/Memorial    | <input type="checkbox"/> Bulletin/Public Relations |
| <input type="checkbox"/> Ritual                  | <input type="checkbox"/> Membership           | <input type="checkbox"/> Building                  |

How did you learn about Congregation Beth El? \_\_\_\_\_

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## ANNUAL MEMBERSHIP DUES

- Standard (\$1,200)
- 1 payment of \$1,200
  - 2 payments of \$600 (first enclosed)
  - 4 payments of \$300 (first enclosed)
- Other (\*by special arrangement) \$\_\_\_\_\_ a year

## BUILDING FUND (for new members)

- Standard - \$300
- Other (\*by special arrangement) \$\_\_\_\_\_

## HEBREW/RELIGIOUS SCHOOL

- Number of children to enroll \_\_\_\_\_
- Annual Standard Tuition (\$234 tuition per child + \$18 snack fee per child) \$\_\_\_\_\_
- Other (\*by special arrangement) \$\_\_\_\_\_

*\*Members who would like to discuss reduced fees should contact the congregation president Anna Beth Payne at (630) 440-0227. All such conversations are kept in strict confidence with the president and treasurer.*

**TOTAL ENCLOSED:** \_\_\_\_\_

Please return this form with your check made out to "Congregation Beth El" to:

President  
Congregation Beth El  
249 Arch Street  
PO Box 506  
Sunbury, PA 17801

**Thank you very much, and welcome to the Congregation Beth El community!**