

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

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

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

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.

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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): _____

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): _____

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): _____

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)
<input type="checkbox"/> Israeli Affairs
<input type="checkbox"/> Library | <input type="checkbox"/> Outreach
<input type="checkbox"/> Children's Activities
<input type="checkbox"/> Teen Activities
<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		

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.*

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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? _____

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

- Standard - \$300 initially; \$100 per year afterwards
- 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 Sharon Simone (president.sharon@beth-el-sunbury.org) or Edye Newman (president.edye@beth-el-sunbury.org). All such conversations are kept in strict confidence with the president and the 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!