CONGREGATION BETH EL

APPLICATION FOR MEMBERSHIP

NAME(S): Please include **Last** and **First** name of adult(s) applying for membership.

1. _____ 2. _____

BIRTHDATE(S): Please list appropriate date for name #1 in space #1, name #2 in #2.
1. _____2. _____ Wedding Anniversary Date: _____

ADDRESS (Local) _____ PHONE (Local) _____
_____E-MAIL _____

ADDRESS (Other Mailing) _____ PHONE_____
_____ E-MAIL _____

CHILDREN [Names (**Last** and **First)** and Birth dates]:
1. _____3._____
2. _____4._____

OCCUPATION/ VOCATION/ BUSINESS: Please list data for name #1 in #1, #2 in #2.
1. _____ Active or Retired (Please circle).
2. _____ Active or Retired (Please circle).

Please list any talents which might be utilized by the Temple (i.e. teaching, youth work, music, art, construction, fund raising, etc.)
_____
_____
_____

__ Please list any information (interests, hobbies, etc.) about yourselves that you would like to share with our members as a means of introduction. We would like to print this in the Bulletin:
_____
_____

__Are you currently a member of any other Temple or Synagogue? (Answer is optional)
Name:_____ Address:_____

Name and Address of Temple you previously have belonged to_____

Annual Dues: $730 Family_____, $420 Single Family_____, $370 Senior Family_____
$185 Single Senior _____, $390 Couple_____, $250 Single Adult_____
$340 Sustaining Supporter_____, $130 Associate or Centennial,or New Century Supporter _____, $155 Bnai Mitzvah.

Dues are prorated by quarters for Membership Categories for those wishing to join during the calendar year. Calendar year is September 1 to August 31. Special arrangements for Payments or Reduction of Fees for Financial Reasons can always be accommodated.

I/We hereby apply for Membership in Congregation Beth El, Traverse City, Mi., subject to acceptance by the Board of Directors:
Signature:_____ Date:_____
Signature:_____ Date:_____

Questions or Comments ? Please call Terry Tarnow, 231-946-9586 or email tarnows@nmrec.com.
Revised 9/07