

**CONGREGATION BETH ISRAEL**  
**6 Dundee Park, Suite 301**  
**Andover, MA 01810**  
**Telephone: 978-474-0540**  
**Fax: 978-474-1915**  
**www.BethIsraelMV.org**  
**office@BethIsraelMV.org**

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

To the Board of Directors of Congregation Beth Israel:

I hereby make application for membership in your Congregation and promise, when accepted, to abide by the Constitution and By-Laws, and all the rules and regulations of the Congregation.

I agree to pay the pledged dues in accordance with the By-Laws of the Congregation.

Signed: \_\_\_\_\_

Relationship to any present member: \_\_\_\_\_

Are you a member of any other Congregations? \_\_\_\_\_

If so, name of Congregation \_\_\_\_\_

PLEASE FILL IN REVERSE SIDE

# MEMBERSHIP INFORMATION FORM

Family Name (preferred name for Temple files): \_\_\_\_\_

<u>Applicant Names:</u>	<u>Birth Date:</u>	<u>Jewish</u>	<u>Hebrew Name</u>
-------------------------	--------------------	---------------	--------------------

1) _____	_____	Y or N	_____
----------	-------	--------	-------

2) _____	_____	Y or N	_____
----------	-------	--------	-------

<u>Marital Status (M-S-D-W)</u>	<u>Anniversary Date</u> _____
---------------------------------	-------------------------------

<u>Children Names:</u>	<u>Birth Date:</u>	<u>Jewish</u>	<u>Hebrew Name</u>
------------------------	--------------------	---------------	--------------------

1) _____	_____	Y or N	_____
----------	-------	--------	-------

2) _____	_____	Y or N	_____
----------	-------	--------	-------

3) _____	_____	Y or N	_____
----------	-------	--------	-------

4) _____	_____	Y or N	_____
----------	-------	--------	-------

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

Home Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Email \_\_\_\_\_

Occupation (Applicant 1) \_\_\_\_\_

Business Name and Address \_\_\_\_\_

Business Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Email \_\_\_\_\_

Please check appropriate box: Kohane \_\_\_\_\_ Levi \_\_\_\_\_ Israel \_\_\_\_\_

Occupation (Applicant 2) \_\_\_\_\_

Business Name and Address \_\_\_\_\_

Business Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Email \_\_\_\_\_

Please check appropriate box: Kohane \_\_\_\_\_ Levi \_\_\_\_\_ Israel \_\_\_\_\_

Please note preferred email address for communication . Home or Business \_\_\_\_\_

Please check off with a 1 or a 2 for Applicant 1 or 2, any committees you'd like to be involved with or skills you have.

Ritual _____	Finance _____	Publicity/Communication _____
Social _____	Building _____	Torah/HafTorah Reading _____
School _____	Youth _____	Davening _____
Sisterhood _____	Brotherhood _____	Other: _____

## Yahrzeits

Name (English) \_\_\_\_\_ (Hebrew) \_\_\_\_\_

Relationship \_\_\_\_\_ Secular Date/Yr \_\_\_\_\_ Hebrew Date/Yr \_\_\_\_\_

Name (English) \_\_\_\_\_ (Hebrew) \_\_\_\_\_

Relationship \_\_\_\_\_ Secular Date/Yr \_\_\_\_\_ Hebrew Date/Yr \_\_\_\_\_

Name (English) \_\_\_\_\_ (Hebrew) \_\_\_\_\_

Relationship \_\_\_\_\_ Secular Date/Yr \_\_\_\_\_ Hebrew Date/Yr \_\_\_\_\_

Name (English) \_\_\_\_\_ (Hebrew) \_\_\_\_\_

Relationship \_\_\_\_\_ Secular Date/Yr \_\_\_\_\_ Hebrew Date/Yr \_\_\_\_\_