



MEMBERSHIP APPLICATION
2900 Jerusalem Avenue
Wantagh, New York 11793

Application date _____

Welcome to **Temple B'nai Torah**. We are delighted you have chosen to become part of our community. We hope that you will find membership an enriching experience and encourage you to explore the diverse opportunities for Jewish expression that Temple B'nai Torah offers. Please call upon our clergy, staff, and lay leaders whenever we can assist you in becoming part of our Temple family. All information in this application will be treated confidentially. Please call our office at **(516) 221-2370** if you have any questions at all or need assistance in filling out this application.

Personal Information

	ADULT APPLICANT 1 <input type="checkbox"/> Male <input type="checkbox"/> Female	ADULT APPLICANT 2 <input type="checkbox"/> Male <input type="checkbox"/> Female
Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other _____	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other _____
Full Name		
By what first name do you wish to be addressed (if different from above)?		
Personal Status	<input type="checkbox"/> Single <input type="checkbox"/> Married _____ (date) <input type="checkbox"/> Partnered <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other _____	
Hebrew Name (if known)		
Date of Birth		
Birthplace		
Community/Organizational Affiliations		
Wedding Date		

Contact Information

How would you like your name(s) to appear on Temple mailings? We will do our best to accommodate your request within system capabilities.

Name(s): _____

Home address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Cell Phone 1: _____ Cell Phone 2: _____

Email 1: _____ Email 2: _____

☐ I would like to receive temple communications using this email. ☐ I would like to receive temple communications using this email.

Religious Background

	Adult Applicant 1	Adult Applicant 2
So that we may have a full understanding of the make-up of our congregational family, please check off the box that best describes your religious background	<input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Jewish unaffiliated <input type="checkbox"/> Other	<input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Jewish unaffiliated <input type="checkbox"/> Other
Please list any relatives who are TBT members		
Have you ever been a member of another synagogue? If so, when?		
Congregation most recently or currently affiliated with	<input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Other	<input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Other
Previous congregational involvement (incl. education, positions held, etc.)		

Business Information

	Adult Applicant 1	Adult Applicant 2
Occupation/Title		
Area of specialization		
Employer		
Address		
City, State, Zip		
Business Phone		
Business Fax		
Business Email		

Yahrzeit Information

Name	Date of death Before/After sundown	Yahrzeit according to	Relationship
		<input type="checkbox"/> Hebrew date <input type="checkbox"/> English date	
		<input type="checkbox"/> Hebrew date <input type="checkbox"/> English date	
		<input type="checkbox"/> Hebrew date <input type="checkbox"/> English date	
		<input type="checkbox"/> Hebrew date <input type="checkbox"/> English date	
		<input type="checkbox"/> Hebrew date <input type="checkbox"/> English date	

Please attach a separate sheet for additional names.

Request information on memorial plaques at 221-2370.

Children's Information

	Child 1 <input type="checkbox"/> Male <input type="checkbox"/> Female	Child 2 <input type="checkbox"/> Male <input type="checkbox"/> Female	Child 3 <input type="checkbox"/> Male <input type="checkbox"/> Female	Child 4 <input type="checkbox"/> Male <input type="checkbox"/> Female
First and middle name				
Last name (if different)				
Hebrew name (if known)				
Birth date (and grade if applicable)				
Address (if not living with you)				
Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partnered	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partnered	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partnered	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partnered
Is this child being raised in the Jewish faith?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will this child be attending Religious School at TBT?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bar/Bat Mitzvah: Date, Congregation, City				
Confirmation: Date, Congregation, City				
If previously attended Religious School, list Congregation and City				
Interests	<input type="checkbox"/> Youth Group <input type="checkbox"/> Youth Choir <input type="checkbox"/> Participation in Shabbat Services <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Youth Group <input type="checkbox"/> Youth Choir <input type="checkbox"/> Participation in Shabbat Services <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Youth Group <input type="checkbox"/> Youth Choir <input type="checkbox"/> Participation in Shabbat Services <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Youth Group <input type="checkbox"/> Youth Choir <input type="checkbox"/> Participation in Shabbat Services <input type="checkbox"/> Other (specify)

If you have more than four children, please attach an additional page.

Emergency Contact Information

Adult 1 Name of Contact: _____

Phone: _____ Relationship: _____

Address: _____ City: _____ State: _____

Adult 2 Name of Contact: _____

Phone: _____ Relationship: _____

Address: _____ City: _____ State: _____

Opportunity for Participation

At Temple B'nai Torah, we believe that joining a congregation is a spiritual and emotional commitment. We encourage all congregants to become involved in all aspects of life in our congregational community. In furthering this ideal, we request that upon signing this application you make an effort to participate in congregational life. Please indicate which of these areas interest you by checking the appropriate box or boxes. Your participation will help strengthen the community and will make your temple experience more meaningful. You will be contacted by a congregation member with more information.

- | | | |
|---|---|--|
| <input type="checkbox"/> Adult Learning | <input type="checkbox"/> Ushering | <input type="checkbox"/> Couples Club |
| <input type="checkbox"/> Budget and Finance | <input type="checkbox"/> Assisting with office work | <input type="checkbox"/> Youth Groups |
| <input type="checkbox"/> Social Action & Mitzvah Projects | <input type="checkbox"/> Religious School Activities & projects | <input type="checkbox"/> Library |
| <input type="checkbox"/> Communications & Publicity | <input type="checkbox"/> Sisterhood/Women of Reform Judaism | <input type="checkbox"/> Bulletin Writing, Editing |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Brotherhood/Men of Reform Judaism | <input type="checkbox"/> Fund Raising |
| <input type="checkbox"/> Music – Choir | <input type="checkbox"/> Chai Club | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Ritual | <input type="checkbox"/> PTA | <input type="checkbox"/> Other _____ |

Talent and Interest Survey

- | | | | | | | |
|--------------------------------------|---------------------------------|-----------------------------------|------------------------------------|--|---|--|
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Music | <input type="checkbox"/> Painting | <input type="checkbox"/> Gardening | <input type="checkbox"/> Electrical | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Israeli Dancing |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Baking | <input type="checkbox"/> Driving | <input type="checkbox"/> Carpentry | <input type="checkbox"/> Sewing/Needlework | <input type="checkbox"/> Art | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Other _____ | | | | | | |

What are your passions? What are your interests?

Temple B'nai Torah's mission is to embody, enhance and perpetuate Jewish tradition by providing a welcoming spiritual home where the community gathers to worship God, study Torah, engage in acts of Tikun Olam (repairing the world), participate in Jewish rituals and life cycle events and experience the joy of being part of a caring community.

I/We hereby accept membership in Temple B'nai Torah, and agree to comply and be bound by the Constitution and By-Laws of the Congregation. I/We understand that this membership continues until the Congregation receives written resignation, which becomes effective at the end of the Temple's fiscal year (June 30th), or until this membership is otherwise terminated pursuant to the Constitution and By-Laws.

Signature of Applicant

Date

Signature of Co-applicant