



**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**

	<b>ADULT APPLICANT 1</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<b>ADULT APPLICANT 2</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
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"/> Other _____	<input type="checkbox"/> Partnered <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Hebrew Name (if known)	_____	_____
Date of Birth	_____	_____
Birthplace	_____	_____
Community/Organizational Affiliations	_____ _____	_____ _____
	_____	_____

**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	_____	_____

## Children's Information

	Child 1	Child 2	Child 3	Child 4
First and middle name	_____	_____	_____	_____
Last name (if different)	_____	_____	_____	_____
Hebrew name (if known)	_____	_____	_____	_____
Birth date (and grade if applicable)	_____	_____	_____	_____
Address (if not living with you)	_____	_____	_____	_____
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other
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: \_\_\_\_\_

## 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 (516) 221-2370.

## 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"/> Circle of Friends         |
| <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"/> Marketing/Social Media    |
| <input type="checkbox"/> Ritual                           | <input type="checkbox"/> PTA                                    | <input type="checkbox"/> Other _____               |

## Talent and Interest Survey

- |                                      |  |                                   |                                    |  |   |  |
|--------------------------------------|--|-----------------------------------|------------------------------------|--|---|--|
| <input type="checkbox"/> Cooking     | <input type="checkbox"/> Music/Theater | <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 30<sup>th</sup>), or until this membership is otherwise terminated pursuant to the Constitution and By-Laws.

Signature of Applicant

Date

Signature of Co-applicant