



MEMBERSHIP APPLICATION FORM

PRIMARY ADULT MALE:

Last name: _____ First name: _____ MI: _____

Marital status: _____ Birth Date: _____ Anniversary date: _____

Home phone: (____) _____ Work/Cell phone: (____) _____

Hebrew name: _____ Occupation: _____

Father's Hebrew name: _____

Mother's Hebrew name: _____

PRIMARY ADULT FEMALE:

Last name: _____ First name: _____ MI: _____

Marital status: _____ Birth Date: _____ Anniversary date: _____

Home phone: (____) _____ Work/Cell phone: (____) _____

Hebrew name: _____ Occupation: _____

Father's Hebrew name: _____

Mother's Hebrew name: _____

_____ I agree to have my phone number included in the membership phone list distributed to BD members.

Please indicate if any numbers you have included should not be listed in the directory. _____

MAILING INFORMATION:

Address: _____

Billing Address (if different from above): _____

Email Address (es): _____

CHILDREN:

English name

Hebrew name

Date of birth

INTERESTS AND INVOLVEMENT:

Beth David would like to know if you are interested in being contacted in regard to any of the following

Sisterhood _____ Adult Education _____
Cemetery plots _____ Youth groups _____ Minyan _____

Would you be willing to assist in the work of any of the following committees?

Building (House) _____ Chesed _____ Membership _____
Cemetery _____ Youth Activities _____ Social Action _____
Events & Kiddush _____ Ritual _____ Fundraising _____
Nominating & Governance _____ Finance & Endowment _____

DUES AND FINANCIAL ASSESSMENTS:

Beth David’s fiscal year begins each July 1. To be a member in good standing, one year’s dues must be paid in full before a new fiscal year begins. Dues are inclusive of High Holy Day tickets for you and your immediate family, a discount on cemetery privileges, special mailings from the Orthodox Union, special events sponsored by the shul and voting privileges at annual meetings.

See additional sheet for current membership obligations. The MEP portion of your dues may be credited through volunteering for bingo.

Associate Members must have primary membership at another synagogue. Please list the name and address of that synagogue here:

I (We), the undersigned, do hereby apply for membership in the Beth David Synagogue. I (We) agree to abide by the constitution and by-laws thereof. I (We) further agree that this membership will become automatically renewed each year unless a letter of resignation is received by the Beth David Synagogue.

Date of application: _____

Signature: _____

Signature: _____

For Office Use Only

Family # _____

Member # _____

Membership approved by Rabbi _____ (date) _____

Membership approved by Board _____ (date) _____

Yahrzeit Information:

(If you wish Beth David to notify you in advance of the dates of the yahrzeits you observe, please fill in below. If you do not know the Jewish date, we will complete that portion for you.)

English name: _____ Jewish name: _____

Date of passing: _____ Jewish date of passing: _____ Relationship: _____

English name: _____ Jewish name: _____

Date of passing: _____ Jewish date of passing: _____ Relationship: _____

English name: _____ Jewish name: _____

Date of passing: _____ Jewish date of passing: _____ Relationship: _____

English name: _____ Jewish name: _____

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