

BETH HILLEL SYNAGOGUE



160 WINTONBURY AVENUE, BLOOMFIELD, CT 06002, 860-242-5561, www.bethhillelsynagogue.org

Application for Membership

Thank you for choosing a Beth Hillel Synagogue membership. We ask you carefully to complete this application form.

Member #1 Name _____
First Middle Last

Home Address: _____

City/State/ Zip _____

Home Phone: _____ Cell Phone: _____

E-mail _____ Date of Birth: ___/___/___

Married ___ Date: (___/___/___) Single ___ Divorced ___ Widowed ___ Partner ___

Hebrew Name _____ Cohen/Levi/Yisrael _____

Parent's Hebrew names - Father _____

- Mother _____

Religion: ___Jewish ___Other

Member #2 Name _____
First Middle Last

Home Phone: _____ Cell Phone: _____

E-mail _____ Date of Birth: ___/___/___

Hebrew Name _____ Cohen/Levi/Yisrael _____

Parent's Hebrew names - Father _____

- Mother _____

Religion: ___Jewish ___Other

How did you learn about Beth Hillel Synagogue? _____

Why did you choose us? _____

What do you expect from your Beth Hillel membership? _____

Please provide names of any relatives that are members of Beth Hillel Synagogue:

Dependent children (include children in college). Attach separate sheet if needed.

Child 1

__Boy __Girl

Full Name _____

Hebrew Name _____

Date of Birth __/__/__

Bar/Bat Mitzvah __Yes __No

Attend our Religious School? _____ Yes/No

E-mail _____

Child 2

__Boy __Girl

Full Name _____

Hebrew Name _____

Date of Birth __/__/__

Bar/Bat Mitzvah __Yes __No

Attend our Religious School? _____ Yes/No

E-mail _____

Yahrzeit (anniversary of a death). Attach a separate sheet if needed.

We will notify you every year of the anniversary of a relative's death. Please list relatives here. We will determine the Hebrew date based on the date and time of death.

1. Name of deceased _____

Relationship to member _____

Date of Death __/__/__ [] Before Sundown [] After Sundown. Hebrew Date _____

2. Name of deceased _____

Relationship to member _____

Date of Death __/__/__ [] Before Sundown [] After Sundown. Hebrew Date _____

3. Name of deceased _____

Relationship to member _____

Date of Death __/__/__ [] Before Sundown [] After sundown.

Do you currently own cemetery plots? __Yes __No

If yes, where? _____

Do you want to purchase plots in our cemetery at this time? _____ Yes _____ No

Payment

Please select one of the following payment options.

- Payment in full by cash or check.
- Payment by check monthly quarterly, or semi-annually
- Please charge my credit/debit card monthly quarterly semi-annually annual

We accept: Visa MasterCard Discover Please fill out the information below.

Name on Card: _____

Card Number: _____

Expiration date: _____ 3 or 4 digit security: _____

Billing Address: _____

If you have any dues questions, would you like one of our Financial Secretaries to contact you? What time of day is best?

I/we hereby apply for Beth Hillel Synagogue membership. Beth Hillel's fiscal year runs from July 1 to June 30. We have been provided the Beth Hillel membership dues structure (Attachment A) which includes religious school, building fund (2nd year and thereafter) and other fees.

Signature _____ Date _____

Signature _____ Date _____

WE LOOK FORWARD TO YOU JOINING OUR COMMUNITY.

For Office use only:

Dues _____ Category _____ Member Code _____

Religious School _____

Building Fund _____

Attachment B

Synagogue Activities

We urge all members to become involved in Beth Hillel Synagogue. The greater your involvement, the more you will benefit from your Beth Hillel membership. Please mark those areas you/your spouse or partner are interested in.

- | | | |
|--|--|--|
| <input type="checkbox"/> House Committee | <input type="checkbox"/> Membership Committee | <input type="checkbox"/> Ritual Committee |
| <input type="checkbox"/> Honorials & Memorials Committee | <input type="checkbox"/> Youth Activities | <input type="checkbox"/> Adult Education |
| <input type="checkbox"/> Social Action | <input type="checkbox"/> Cemetery Corporation | <input type="checkbox"/> Scholarship Committee |
| <input type="checkbox"/> Shabbat Dinners | <input type="checkbox"/> Schmooze & Lunch Programs | <input type="checkbox"/> Computer Support |
| <input type="checkbox"/> Minyonnaires | <input type="checkbox"/> Bulletin Publication | <input type="checkbox"/> Mailing Support |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> New Member Programs | <input type="checkbox"/> Publicity |
| <input type="checkbox"/> Kitchen Support | <input type="checkbox"/> Sisterhood | <input type="checkbox"/> Mr. & Mrs. Club |
| <input type="checkbox"/> Brotherhood | <input type="checkbox"/> Israel Committee | <input type="checkbox"/> Library Support |

Talents

Does your family or you have a special talent that may be shared with the Beth Hillel membership? Please mark with a 1 or 2 for Adult #1 or #2 those you/your spouse or partner would volunteer. Please mark C1 or C2 for Children #1 or #2 if these children are older than 13.

- | | | |
|---|---|--|
| <input type="checkbox"/> Leading Services (any day) | <input type="checkbox"/> Chanting Torah | <input type="checkbox"/> Chanting Haftorah |
| <input type="checkbox"/> Religious School Teaching | <input type="checkbox"/> Website Skills | <input type="checkbox"/> Office Skills |
| <input type="checkbox"/> Marketing/Public Relations | <input type="checkbox"/> Desktop Publishing | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Photography | <input type="checkbox"/> Finance |
| <input type="checkbox"/> Leadership | <input type="checkbox"/> Other | |