



Membership Application

We are very pleased you have chosen to join Congregation Beth El of Rochester, New York, which was founded in 1916. To further your full involvement in the life of the congregation, we ask that you carefully complete this application form.

| | Adult 1 | Adult 2 | |
|---|---|---|--|
| Title: | • Dr. • Mr. • Mrs. • Ms. • Miss | • Dr. • Mr. • Mrs. • Ms. • Miss | |
| First Name & Initial: | | | |
| Last Name: | | | |
| | • Kohen/Bat Kohen | • Levi/Bat Levi | |
| Marital Status: | • Single • Married • Separated • Divorced • Divorced/Remarried • Widowed | • Single • Married • Separated • Divorced • Divorced/Remarried • Widowed | |
| Date of Birth: | | | |
| Wedding Anniversary: | Date: | | |
| Home Address: | • Same or: | | |
| | City: | State: | Zip+4: |
| Home Phone #: | | | |
| Cell Phone #: | | | |
| E-Mail Address: | | | |
| Job Title/Occupation: | | | |
| Business Name: | | | |
| Business Phone #: | | | |
| Out of Town Address: | | | |
| | Approximate Dates _____ to _____ | | Approximate Dates _____ to _____ |
| Out of Town Telephone: | | | |
| | | | |
| Bar/Bat Mitzvah: | Date/Parsha: | | Date/Parsha: |
| Languages: | • English • Russian • Hebrew • Yiddish | • English • Russian • Hebrew • Yiddish | |
| | • Other: | • Other: | |
| Do you read Hebrew: | • Not at all • Moderately • Very Well | • Not at all • Moderately • Very Well | |
| Would you like to chant a Haftarah or read Torah? | • Yes • No | • Yes • No | |
| Would you like to learn to chant a Haftarah or read Torah? | • Yes • No | • Yes • No | |
| Hebrew Name: (please transliterate) | Ben/Bat _____ _____ (Son/Daughter of) (Father's Name) v' (Mother's Name) | | Ben/Bat _____ _____ (Son/Daughter of) (Father's Name) v' (Mother's Name) |
| | | | |
| Religion: | • by birth • by conversion | • by birth • by conversion | |
| If by conversion please state date, place & Rabbi: | | | |
| Mother's religion: | • by birth • by conversion | • by birth • by conversion | |
| Previous or Other Synagogue Affiliation: | • No • Yes Name & Branch _____ | | • No • Yes Name & Branch _____ |
| Do you own a | • No • Yes | If yes, where? | |
| | • No • Yes | If yes, where? | |

Interviewed by

Applicant's Signature

Date