

Membership Application

Please fill out the application below for membership to Temple Emanuel of Beverly Hills. This application should be filled out to the fullest extent possible.

If you prefer to print out the application and mail it in:

DOWNLOAD HERE

And mail to Temple Emanuel of Beverly Hills c/o Membership App, 8844 Burton Way, Beverly Hills CA, 90211.

If you have any questions, or want to schedule a tour, please feel free to contact Alex Kojfman, Director of Communications and Membership – Alex@tebh.org / 310.409.4634

Contact Information

Name:

Date:

Home Address:

City:

Zip code:

Home Phone:

Is the above address your preferred billing address? yes no (if no please provide billing address below:

Name:

Address:

City:

State:

Zip code:

Applicant 1 Information

Status: single divorced separated widowed (one applicant)

partnered engaged married (date): / / (two applicants)

[if they pick single/divorced/separated one column should show up for their information, if they pick partnered/engaged/married two columns should appear for them and their other person] and by columns we are also open to one form part followed by a second Adult 2 form part.

Adult 1

Adult 2

Title (Dr. Mr. Mrs. Ms. Rabbi, etc.) _____

Full name (include maiden name if applicable) _____

Preferred Name (Steve of Steven) _____

Hebrew Name (if know) _____

Date of Birth: mm/dd/yyyy _____

Birthplace: _____

Email*: _____

Mobile Phone*: _____

Occupation: _____

Specialization: _____

Position/Title: _____

Firm/Company: _____

Business Address:) _____

City, State, Zip: _____

Business phone: _____

ADD APPLICANT BUTTON

Do you have children: __yes__ no

[if no the section for children doesn't appear. If yes, it will appear next]

Children's Information

Child 1

First and Middle Name

Last Name

Preferred Name

D.O.B. mm/dd/yyyy

Bar/Bat mitzvah Date:

School Name:

Current Grade

If applicable please fill in the following information as it applies to your children 18 and over

If college student – school and year of graduation

Occupation

Address

Name of Spouse or partner

Email address:

ADD CHILD BUTTON

TELL US A LITTLE MORE ABOUT YOU:

How did you hear about us? (check all that apply)

- Temple Website live in neighborhood referred by: _____
- Union of Reform Judaism (URJ) website Other website/social media: _____
- Jewish publication: _____ Other: _____

Reason for joining Temple Emanuel (check all that apply)

- new to area community marriage ceremony
- adult learning new to area b'nai mitzvah
- clergy worship purpose Youth Programs
- Family center programs

Are you registered or registering for one or more of our educational programs? (please check all that apply.)

- Early Childhood Center Religious School Family Center
-

Friends and Relatives:

Please list any close friends or relatives you are already members of Temple Emanuel of Beverly Hills

Name _____ relationship to you _____

ADD RELATIVE/FRIEND BUTTON

Yahrzeit Information

Please list those immediate family members whose Yahrzeit (anniversary of death) you would like us to remember. You can choose the secular date (S) or Hebrew date (H)

Name _____ Date of Death _____ S_ H_ Relationship to member

ADD Yahrzeit Relative

Finding your place at Temple Emanuel

Please let us know which of our programs, activities or events interest you (what would you might participate in.) Please check all that apply for each Adult in the application

[I just attached a photo because I didn't want to retype everything. Also I deleted the irrelevant ones so there is no need for the gaps.]

- 1 2 Ushering/ Greeting
- 1 2 Torah & Haftarah Chanting
- 1 2 Mitzvah Circle
- 1 2 Family Center
- 1 2 Choir
- 1 2 Family Activities & Retreats

- 1 2 Men's Club
- 1 2 Men's Softball
- 1 2 Youth & Teen Programs
- 1 2 20's and 30's Group

- 1 2 Boomer Initiative (age 50-75)

- 1 2 Interfaith Programming
- 1 2 Israel Matters
- 1 2 Social Justice Programs
- 1 2 Lifelong Learning

- 1 2 Musical Instrument: _____
- 1 2 Fundraising
- 1 2 Purim Basket Project
- 1 2 Purim

Other _____

I am interested in contribution to the Temple Emanuel community by:

___ Donating professional skills or services

___ Mentoring a congregant

___ sharing a life experience with a congregant going through the same experience.(illness, loss, divorce)

Religious Background:

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When I was growing up, my family was affiliated with a congregation that was:

Adult 1:

- Reform Conservative
 Orthodox Reconstructionist
 Jewish Unaffiliated
 Other:

Adult 2:

- Reform Conservative
 Orthodox Reconstructionist
 Jewish Unaffiliated
 Other:

If any adult members have converted and are a Jew by Choice, please fill in information below:

Adult 1:
Adult 2:

Would you like to receive e-mails of illnesses and deaths in the temple community?

Adult 1: Yes No

Adult 2: Yes No

Person(s) to contact in case of emergency:

Name: Relationship: Phone:
Name: Relationship: Phone:

Please use the space below for any **additional** information:

THANK YOU!