



## Membership Application

8844 Burton Way · Beverly Hills, CA 90211 · 310.288.3737 · [www.tebh.org](http://www.tebh.org)

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please print name as you wish it to be listed on temple mailings)

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Is the above address your preferred billing address?  Yes  No If no, please list you preferred billing address below:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Status:  Single  Divorced  Separated  Widowed  Partnered  Engaged  Married (Date): \_\_\_\_\_

	Adult 1 <input type="checkbox"/> Male <input type="checkbox"/> Female	Adult 2 <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Title</b> <small>(Mr., Mrs., Ms., Dr., Rabbi, etc.)</small>		
<b>Full Name</b> <small>(include maiden name if applicable)</small>		
<b>Preferred Name</b> <small>(Steve for Steven)</small>		
<b>Hebrew Name</b> <small>(if Known)</small>		
<b>Date of Birth</b>		
<b>Birthplace</b>		
<b>Preferred E-mail</b> <small>(IMPORTANT: Please provide)</small>		
<b>Mobile Phone</b>		
<b>Occupation/Profession</b>		
<b>Specialization/Expertise</b>		
<b>Position/Title</b>		
<b>Firm/Company</b>		
<b>Business Address</b>		
<b>Business City, State, Zip</b>		
<b>Business Phone</b>		

How did you hear about us?

- Temple website       Live in neighborhood       Referred by: \_\_\_\_\_  
 Union of Reform Judaism (URJ) directory or website       Other website/Social media: \_\_\_\_\_  
 Jewish publication: \_\_\_\_\_       Other: \_\_\_\_\_

Reason for joining Temple Emanuel (check all that apply):

- Schools       Worship Service       Marriage ceremony  
 Family Center       Adult Learning       Youth Programs  
 Community       New to area       B'nai Mitzvah  
 Clergy       Other: \_\_\_\_\_

If you have already registered, or will be registering for one or more of our educational programs, please check all that apply:

- Early Childhood Center       Religious School       Family Center

## Children's Information

If applicable, please fill in the following information as it applies to minor children

	Child 1 <input type="checkbox"/> Male <input type="checkbox"/> Female	Child 2 <input type="checkbox"/> Male <input type="checkbox"/> Female	Child 3 <input type="checkbox"/> Male <input type="checkbox"/> Female
First and Middle Name			
Last Name			
Preferred Name			
Hebrew Name (if known)			
Date of Birth			
Bar/Bat Mitzvah Date			
Date Confirmed			
Name of School			
Current Grade			

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

If college student: school and expected date of graduation			
Occupation			
Address if not living with you (specify if college address)			
Name of spouse or partner			
E-mail Address			

Please use page 4 for additional children's information

## Friends and Relatives Information

Please list any close friends or relatives who are already members of the Temple Emanuel community and their relationship to you (i.e. Sarah Cohen/Ben's Cousin)

Name	Relationship

## Yahrzeit Information

Please list those immediate family members whose Yahrzeit (anniversary of death) you would like us to remember. I/We would like to observe the  Secular or  Hebrew date for Yahrzeit of my loved ones.

Name	Date of Death	Relationship to which member

Please use page 4 for additional friends and relatives information or additional yahrzeit information

## Finding your place at Temple Emanuel of Beverly Hills

Please let us know which of our programs, activities, or events interest you. In which ones might you participate? Please check all that apply using 1 and/or 2 corresponding to Adult 1 and Adult 2 as listed on the first page of this application.

- |  |   |
|--|---|
| <input type="checkbox"/> 1 <input type="checkbox"/> 2 Ushering/ Greeting   | <input type="checkbox"/> 1 <input type="checkbox"/> 2 Men's Club                    |
| <input type="checkbox"/> 1 <input type="checkbox"/> 2 Torah & Haftarah Chanting  | <input type="checkbox"/> 1 <input type="checkbox"/> 2 Men's Softball                |
| <input type="checkbox"/> 1 <input type="checkbox"/> 2 Mitzvah Circle   | <input type="checkbox"/> 1 <input type="checkbox"/> 2 Women's Book Club             |
| <input type="checkbox"/> 1 <input type="checkbox"/> 2 Family Center  | <input type="checkbox"/> 1 <input type="checkbox"/> 2 Youth & Teen Programs         |
| <input type="checkbox"/> 1 <input type="checkbox"/> 2 Family Choir   | <input type="checkbox"/> 1 <input type="checkbox"/> 2 20's and 30's Group           |
| <input type="checkbox"/> 1 <input type="checkbox"/> 2 Family Activities & Retreats   | <input type="checkbox"/> 1 <input type="checkbox"/> 2 30's and 40's Singles Group   |
| <input type="checkbox"/> 1 <input type="checkbox"/> 2 Chavurot<br>Each Chavurah is a small group of temple members who come together to socialize, to learn and to enjoy Jewish experiences. | <input type="checkbox"/> 1 <input type="checkbox"/> 2 Boomer Initiative (age 50-75) |
| <input type="checkbox"/> 1 <input type="checkbox"/> 2 Interfaith Programming   | <input type="checkbox"/> 1 <input type="checkbox"/> 2 Wisdom Circle (age 65 and up) |
| <input type="checkbox"/> 1 <input type="checkbox"/> 2 Israel Matters Committee & Programs  | <input type="checkbox"/> 1 <input type="checkbox"/> 2 Musical Instrument: _____     |
| <input type="checkbox"/> 1 <input type="checkbox"/> 2 Social Justice Programs  | <input type="checkbox"/> 1 <input type="checkbox"/> 2 Fundraising                   |
| <input type="checkbox"/> 1 <input type="checkbox"/> 2 Lifelong Learning  | <input type="checkbox"/> 1 <input type="checkbox"/> 2 Purim Basket Project          |
|  | <input type="checkbox"/> 1 <input type="checkbox"/> 2 Purim Carnival                |

Other organizations in which you are involved:

I am interested in contributing to the Temple Emanuel community by: (please check the applicable boxes and describe below)

- Donating professional skills or services to the Temple operations.
- Mentoring a congregant entering a similar profession.
- Sharing life experience with a congregant going through a similar situation (for example: illness, loss, divorce, etc.)

## Religious Background:

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 us to arrange a personal meeting with one of our rabbis or cantor?                       Yes                       No

Would you like to receive e-mails of illnesses and deaths in the temple community?    Adult 1:  Yes                       No  
Adult 2:  Yes                       No

Do you own cemetery property?  
If yes, as a part of Life Cycle Protection, we will keep on file the location of your cemetery property.

Location: \_\_\_\_\_

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 for your application.  
A member of the Temple Emanuel staff will be contacting you shortly.**

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### FOR OFFICE USE ONLY

Member Type: \_\_\_\_\_ Join Date: \_\_\_\_\_

Application turned in to: \_\_\_\_\_

Notes: \_\_\_\_\_

Entered in to Chaverware by: \_\_\_\_\_