

TEMPLE BETH EL

MEMBERSHIP APPLICATION 2026-2027

FAMILY INFORMATION

Family Name:		Date of Application:	
Current Street Address:			
City:		State:	ZIP Code:
Home Phone: ()		Marital Status (Single/Married/Partner):	

Were you ever a member of Temple Beth El (Y/N): _____ If so, when: _____

OTHER INFORMATION: ADULTS

Name (Title, First, Last)		
Nickname (AKA)		
Home Address (if different than above)		
Phone Numbers	Cell: ()	Cell: ()
	Business: ()	Business: ()
Email Addresses	Home:	Home:
	Business:	Business:
Date of Birth		
Occupation		
Employer Name		
Employer Address		
Hebrew Name (Transliterated)		

OTHER INFORMATION: CHILDREN (Birth to Unmarried < 25 Years of Age)

Name	Hebrew Name	Date of Birth	Grade	School

Are there children in college (Y/N)? _____ Would they like to be contacted (Y/N) _____

If yes, please provide the child's name, the name of the college and his or her email address on a separate sheet.

YAHRTZEIT(S)

Name of Deceased	Relationship	Actual Date of Death (MM/DD/YY)	Time of Death (Before/After Sunset)	
			☐ Before	☐ After
			☐ Before	☐ After
			☐ Before	☐ After
			☐ Before	☐ After

Please attach a separate sheet with the information for additional Yahrzeits.

Special interests or skills: _____

Relatives who are TBE members: _____

Non-Jewish family members (Y/N): _____ If so, whom? _____

AGREEMENT

I/we hereby apply for membership in Temple Beth El, Stamford, CT. I/we agree that, in addition to paying annual dues, I/we will fulfill our Building Fund obligation when required to do so. I/we understand that all school fees are additional. I/we agree to comply with the provisions of the By-Laws of Temple Beth El and all present and future resolutions duly enacted by the Congregation and the Board of Trustees.

Signature/Date

Signature/Date