



Congregation Torat El ~ Membership Application

Today's Date _____ Effective Membership Date _____ Membership # _____

Member #1 _____
Last Name First Name Mr.,Mrs.,Dr.,Ms. Hebrew Name Date of Birth

Member #2 _____
Last Name First Name Mr.,Mrs.,Dr.,Ms. Hebrew Name Date of Birth

If spouse is not of the Jewish faith, please indicate here _____ *Have children gone through conversion(if mother is not Jewish)* _____

Home Address _____
Street City State Zip Code

Home Telephone # _____ Cell Phone # _____ Fax # _____

Email _____
Member #1 Member #2

Married ___ Single ___ Divorced ___ Widow(er) ___ Wedding Anniversary _____

Member #1 Occupation _____ Employed by _____

Address of Employment _____ Phone _____

Member #2 Occupation _____ Employed by _____

Address of Employment _____ Phone _____

Additional Members of Family Residing at Home (please continue on separate paper if needed)

Relation	English Name	Hebrew Name	Sex	Date of Birth	Grade in School

Deceased Relatives (please continue on separate paper if needed)

Name of Deceased	Relationship	Hebrew Name	Yahrzeit Date

Cemetery Information

Do you own cemetery plots? _____ If yes, where? _____ Located in _____
 Map # _____ Block # _____ Row _____ Grave #(s) _____

**Yes, I (We) would love to get involved!
 Please contact me (us) regarding the following:**

Member #1		Member #2
_____	Sisterhood	_____
_____	Men's Club	_____
_____	Hazak (Senior Group)	_____
_____	Youth Programs	_____
_____	Temple Board Activities/Programs	_____

Hobbies, Interests and Special Talents

Member #1	Member #2
_____	_____
_____	_____

How did you hear about Congregation Torat El? _____

Past Temple Affiliation _____ Location _____

Did you complete a building fund? _____ Building Fund Amount \$ _____

I (we) hereby submit our application for membership to Congregation Torat El. I (we) understand that all applications are subject to approval by the Board of Trustees. I (we) agree to pay all fees associated with Temple membership on a timely basis. It is understood that initial dues payment will be made at time of joining. All resignations must be made in writing with 30 days notice.

_____	Date _____
Signature of Member #1	

_____	Date _____
Signature of Member #2	

_____	_____	_____
Signature of Rabbi	Board Signature Approval	Date