



Temple Beth Emeth
v'Ohr Progressive Shaari Zedek

The Reform Congregation of Victorian Flatbush

83 Marlborough Road, Brooklyn, NY 11226
Phone: 718-282-1596 | Fax: 718-282-1537
www.berthemeth.net | remplebeth83@aol.com

Account No. _____

MEMBERSHIP APPLICATION 2017

First member: Title _____ Second member: Title _____

Name _____ Name _____

Date of Birth (m/d/y) _____ Date of Birth (m/d/y) _____

Occupation _____ Occupation _____

Work Address _____ Work Address _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

Email _____ Email _____

Home Address _____

Home Phone _____

Marital Status: *(please circle)*

Married Separated Single Widowed Divorced Domestic Partnership Other _____

Anniversary Date _____

How I/we learned about Temple Beth Emeth:

Internet _____ Friends _____ In the neighborhood _____ Other _____

Child(ren):

	Name	Date of Birth	Secular School	Grade
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

In Case of Emergency Contact:

Name _____ Phone Number _____

Relationship _____

For office use

[] Seat(s): Location MS _____ Row _____ 1st Seat # _____ 2nd Seat # _____

Volunteering

I/we have the following talents/interests:

I/We would be interested in learning more about/joining one of the Temple committees:

Membership _____ School _____ Ritual _____
Financial _____ House _____ Events _____

Being committed to the Jewish Faith, I/we hereby make application for membership in Temple Beth Emeth v'Ohr Progressive Shaari Zedek, 83 Marlborough Road, Brooklyn, NY 11226. Upon acceptance as a member I/we agree to abide by all By-Laws, Rules and Policies affecting members.

Herewith is my/our remittance of half of the annual dues which are payable in advance. Upon acceptance of this application, the membership shall continue until cancellation in writing.

Signatures: 1. _____ 2. _____

Date: _____

[] Family Membership 2017/2018- \$1300, plus \$350 semi annual investment in Building Fund (\$700 per year).

[] Individual Membership 2017/2018 - \$765, plus \$350 semi annual investment in Building Fund (\$700 per year).

[] Student Membership - Family 2017/2018

We are *BOTH FULL TIME* students attending (college names) _____
Expected dates of graduation _____

[] Student Membership - Individual 2017/2018
I am a *FULL TIME* student attending (college name) _____
Expected date of graduation _____

An *individual* membership includes one seat for the High Holy Days. a *family* membership includes two seats for the High Holy Days. A subscription to "The Truth," the temple's bulletin, is also included in the membership.

I/We would like to be notified in order to observe the Memorial of:

NAME (please PRINT)	RELATIONSHIP	DATE OF DEATH
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

For office use: [] Yahrzeits complete
5/2013