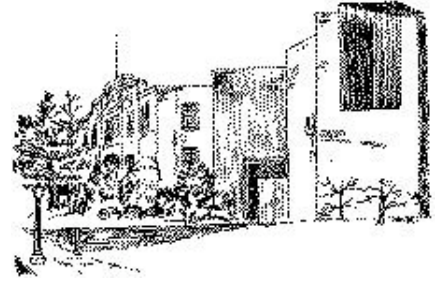


TEMPLE BETH EL OF PATCHOGUE

45 Oak Street
Patchogue, NY 11772-2812
Phone: +1-631-475-1882
FAX: +1-631-475-1928
Email: rosetbe.2@juno.com
Web Site: <http://www.BethElPatchogue.org>
Rabbi: Joel Levinson (rabbijoel@yahoo.com)



Membership Application

Date: ___/___/___

I, _____ do hereby apply for Membership in Temple Beth El of Patchogue, New York, and attach herewith \$ _____ as dues, which is subject to the acceptance of the Board of Directors and the Rabbi. I am of the Jewish faith.

Check one of the following:

I was recommended by: _____ (Member)

I saw an advertisement in: _____ (News Paper)

I saw a sign by: _____ (Location)

I heard about the Temple from:: _____

Name: Husband: _____ Date of Birth: ___/___/___

Wife: _____ Date of Birth: ___/___/___

Child: _____ Date of Birth: ___/___/___

Child: _____ Date of Birth: ___/___/___

Child: _____ Date of Birth: ___/___/___

Child: _____ Date of Birth: ___/___/___

Child: _____ Date of Birth: ___/___/___

Address: _____ Phone: _____

Signature of Applicant: _____ Date: ___/___/___

Received \$ _____ on account for dues, subject to the approval of the Board of Directors and the Rabbi.

Signature: _____ Date: ___/___/___

Membership Information Request Form

ADULT 1			
Name:		Business	
Address:		Address:	
City, St, Zip		City, St, Zip	
Phone:	Fax:	Phone:	Fax:
Cell Phone:	Pager:	Email:	
Blood Type:	Donor <input type="checkbox"/>	Anniv.	Gender: M F
Birthdate: AM <input type="checkbox"/> PM <input type="checkbox"/>	Join Date:		Occupation:
Haftorah:	Tribe:	Bar/Bat Mitzvah Date:	Emergency Information
			Name:
			Name:
			Name:
Hebrew Name:			
Interests:			

ADULT 2			
Name:		Business	
Address:		Address:	
City, St, Zip		City, St, Zip	
Phone:	Fax:	Phone:	Fax:
Cell Phone:	Pager:	Email:	
Blood Type:	Donor <input type="checkbox"/>	Anniv.	Gender: M F
Birthdate: AM <input type="checkbox"/> PM <input type="checkbox"/>	Join Date:		Occupation:
Haftorah:	Tribe:	Bar/Bat Mitzvah Date:	Emergency Information
			Name:
			Name:
			Name:
Hebrew Name:			
Interests:			

Yahrzeits			
Name:	Hebrew Name:	Date: AM <input type="checkbox"/> PM <input type="checkbox"/>	Adult 1 <input type="checkbox"/> Adult 2 <input type="checkbox"/>
Cemetery:	Location:	Relationship	
Name:	Hebrew Name:	Date: AM <input type="checkbox"/> PM <input type="checkbox"/>	Adult 1 <input type="checkbox"/> Adult 2 <input type="checkbox"/>
Cemetery:	Location:	Relationship	
Name:	Hebrew Name:	Date: AM <input type="checkbox"/> PM <input type="checkbox"/>	Adult 1 <input type="checkbox"/> Adult 2 <input type="checkbox"/>
Cemetery:	Location:	Relationship	
Name:	Hebrew Name:	Date: AM <input type="checkbox"/> PM <input type="checkbox"/>	Adult 1 <input type="checkbox"/> Adult 2 <input type="checkbox"/>
Cemetery:	Location:	Relationship	
Name:	Hebrew Name:	Date: AM <input type="checkbox"/> PM <input type="checkbox"/>	Adult 1 <input type="checkbox"/> Adult 2 <input type="checkbox"/>
Cemetery:	Location:	Relationship	

CHILD					
Name:			School:		
Address:			Address:		
City, St, Zip			City, St, Zip		
Phone:		Fax:	Phone:		Fax:
Cell Phone:		Pager:	Email:		
Blood Type:	Donor <input type="checkbox"/>	Anniv.	Gender: M F	Major:	Grade:
Birthdate: AM <input type="checkbox"/> PM <input type="checkbox"/>	Join Date:		Emergency Information		
Haftorah:	Tribe:	Bar/Bat Mitzvah Date:		Name:	Phone:
				Name:	Phone:
				Name:	Phone:
Hebrew Name:					
Interests:					

CHILD					
Name:			School:		
Address:			Address:		
City, St, Zip			City, St, Zip		
Phone:		Fax:	Phone:		Fax:
Cell Phone:		Pager:	Email:		
Blood Type:	Donor <input type="checkbox"/>	Anniv.	Gender: M F	Major:	Grade:
Birthdate: AM <input type="checkbox"/> PM <input type="checkbox"/>	Join Date:		Emergency Information		
Haftorah:	Tribe:	Bar/Bat Mitzvah Date:		Name:	Phone:
				Name:	Phone:
				Name:	Phone:
Hebrew Name:					
Interests:					

CHILD					
Name:			School:		
Address:			Address:		
City, St, Zip			City, St, Zip		
Phone:		Fax:	Phone:		Fax:
Cell Phone:		Pager:	Email:		
Blood Type:	Donor <input type="checkbox"/>	Anniv.	Gender: M F	Major:	Grade:
Birthdate: AM <input type="checkbox"/> PM <input type="checkbox"/>	Join Date:		Emergency Information		
Haftorah:	Tribe:	Bar/Bat Mitzvah Date:		Name:	Phone:
				Name:	Phone:
				Name:	Phone:
Hebrew Name:					
Interests:					

Congregational Family Census Form
(please print or type and complete all information below)

Date: ___/___/___

Last Name: _____ First Name: _____ Initial: ___ Cohain Levi
 Home Address: _____ Zip Code _____
 Date Joined: ___/___/___ Home Phone: (____) _____ - _____ Business Phone: (____) _____ - _____
 Marital Status: Married Single Widow/er Divorced
 Date of Marriage: ___/___/___ Place of Marriage: _____

	Husband (or single male member)	Wife (or single female member)
Print Full Name (Include Maiden Name)		
Place/Date of Birth		
Hebrew Name		
Occupation		
Firm Name		
Firm Address		
Highest Academic Grade or Degree		
Veteran/number of years of Service		
Parents' Place of Birth		
Name and Community of Previous Congregation	<input type="checkbox"/> Bar Mitzvah <input type="checkbox"/> Hebrew High <input type="checkbox"/> Confirmation <input type="checkbox"/> Post Conf. <input type="checkbox"/> LTF <input type="checkbox"/> USY <input type="checkbox"/> NFTY _____ Years of Religious School <input type="checkbox"/> Read Hebrew <input type="checkbox"/> Speak Hebrew <input type="checkbox"/> Lead Services <input type="checkbox"/> Sing in Choir <input type="checkbox"/> Chant Torah or Haftorah <input type="checkbox"/> Chant Kiddush <input type="checkbox"/> Bless Sabbath Candles	<input type="checkbox"/> Bat Mitzvah <input type="checkbox"/> Hebrew High <input type="checkbox"/> Confirmation <input type="checkbox"/> Post Conf. <input type="checkbox"/> LTF <input type="checkbox"/> USY <input type="checkbox"/> NFTY _____ Years of Religious School <input type="checkbox"/> Read Hebrew <input type="checkbox"/> Speak Hebrew <input type="checkbox"/> Lead Services <input type="checkbox"/> Sing in Choir <input type="checkbox"/> Chant Torah or Haftorah <input type="checkbox"/> Chant Kiddush <input type="checkbox"/> Bless Sabbath Candles
<input type="checkbox"/> Orth. <input type="checkbox"/> Cons. <input type="checkbox"/> Reform		

Are both parents Jewish? Yes _____ No _____

We are a Conservative congregation and as such follow maternal descent in determining whether a child is Jewish or not. If the birth mother of the child is not Jewish, has your child been converted? Where and by whom? _____

If your child has not been converted, we require that conversion take place within one year of your membership in Temple Beth El. Please speak to the Rabbi to make arrangements.

List others besides children in your household and explain their relationship to you: _____

List other relatives in our congregation and state how related: _____

Does your family have a cemetery lot? _____ If yes, where? _____

Yahrzeits

Name and Relationship	English Date (MM/DD/YYYY)	Hebrew Date

Single Children

First Name and Initial	Birth Date	Religious School Grade	Public School Grade	Bar/Bat Mitzvah date	Date Confirmed	If not home, give full current address. If in College, give date of graduation

Married Children

Married Name	Date of Birth	Resident of (Town, State)	Names of Grandchildren

State activities and positions held in previous congregation: _____

State activities and positions you would like to hold here: _____

Please list special talents, interests, memberships in clubs and communcal associations, offices held, honors, books published, etc.: _____

