



330 North Highland Avenue (Route 9W)  
Upper Nyack, New York 10960  
Phone: 845-358-2248 • Fax: 845-358-3450  
www.TempleBethTorah.org

## Application for Membership

### FAMILY INFORMATION

Adult 1 First Name \_\_\_\_\_ Adult 1 Last Name \_\_\_\_\_  Male  Female  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Married/Partnered Date \_\_\_\_\_  Single  Divorced  Widowed  
Occupation/Position \_\_\_\_\_  
Business Name \_\_\_\_\_ Business Address \_\_\_\_\_  
Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_ Business Email \_\_\_\_\_  
Hebrew Name (if known) \_\_\_\_\_ Parent's Hebrew Names (if known) \_\_\_\_\_  
Previous Temple Affiliation/Dates \_\_\_\_\_  
Religious Upbringing:  Reform  Reconstructionist  Conservative  Orthodox  Unaffiliated  
 If not Jewish, what religious upbringing?  
\_\_\_\_\_  
 TBT considers Jews by Choice to be Jewish in every way. If you became Jewish by choice what was the date of your conversion? \_\_\_\_\_

Adult 2 First Name \_\_\_\_\_ Adult 2 Last Name \_\_\_\_\_  Male  Female  
Date of Birth \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
Occupation/Position \_\_\_\_\_  
Business Name \_\_\_\_\_ Business Address \_\_\_\_\_  
Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_ Business Email \_\_\_\_\_  
Hebrew Name (if known) \_\_\_\_\_ Parent's Hebrew Names (if known) \_\_\_\_\_  
Previous Temple Affiliation/Dates \_\_\_\_\_  
Religious Upbringing:  Reform  Reconstructionist  Conservative  Orthodox  Unaffiliated  
 If not Jewish, what religious upbringing?  
\_\_\_\_\_  
 TBT considers Jews by Choice to be Jewish in every way. If you became Jewish by choice what was the date of your conversion? \_\_\_\_\_



330 North Highland Avenue (Route 9W)  
Upper Nyack, New York 10960  
Phone: 845-358-2248 • Fax: 845-358-3450  
www.TempleBethTorah.org

## Application for Membership

### FAMILY INFORMATION

Child 1 Full Name _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth _____
Grade (as of today) _____	Child's Email _____		
Hebrew Name (if known) _____			
Parents' Names (if different) _____	Parents' Hebrew Names if different _____		
Child 2 Full Name _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth _____
Grade (as of today) _____	Child's Email _____		
Hebrew Name (if known) _____			
Parents' Names (if different) _____	Parents' Hebrew Names if different _____		
Child 3 Full Name _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth _____
Grade (as of today) _____	Child's Email _____		
Hebrew Name (if known) _____			
Parents' Names (if different) _____	Parents' Hebrew Names if different _____		
Child 4 Full Name _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth _____
Grade (as of today) _____	Child's Email _____		
Hebrew Name (if known) _____			
Parents' Names (if different) _____	Parents' Hebrew Names if different _____		

Please check here if Children's names are continued on a separate sheet

**Special Needs:** If anyone in your family has special needs which we can accommodate, please let us know (assisted hearing devices, large print prayer books, or wheelchair):

Name \_\_\_\_\_ Accommodation \_\_\_\_\_

Name \_\_\_\_\_ Accommodation \_\_\_\_\_

Name \_\_\_\_\_ Accommodation \_\_\_\_\_



330 North Highland Avenue (Route 9W)  
Upper Nyack, New York 10960  
Phone: 845-358-2248 • Fax: 845-358-3450  
www.TempleBethTorah.org

## Application for Membership

### Y A H R Z E I T I N F O R M A T I O N

Yahrzeits are observed and announced at the Shabbat service immediately following the anniversary date of death. Please provide information for loved ones whose names you would like to be read aloud each year:

Congregant/Observer: \_\_\_\_\_

▪ Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Month/Day/Year of death: \_\_\_\_\_  Before sundown  After sundown

▪ Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Month/Day/Year of death: \_\_\_\_\_  Before sundown  After sundown

▪ Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Month/Day/Year of death: \_\_\_\_\_  Before sundown  After sundown

▪ Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Month/Day/Year of death: \_\_\_\_\_  Before sundown  After sundown

Congregant/Observer: \_\_\_\_\_

▪ Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Month/Day/Year of death: \_\_\_\_\_  Before sundown  After sundown

▪ Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Month/Day/Year of death: \_\_\_\_\_  Before sundown  After sundown

▪ Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Month/Day/Year of death: \_\_\_\_\_  Before sundown  After sundown

▪ Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Month/Day/Year of death: \_\_\_\_\_  Before sundown  After sundown



330 North Highland Avenue (Route 9W)  
 Upper Nyack, New York 10960  
 Phone: 845-358-2248 • Fax: 845-358-3450  
[www.TempleBethTorah.org](http://www.TempleBethTorah.org)

## Application for Membership ACTIVITIES OF INTEREST

**I/we would like to know more about the following activities:**

Adult 1 - Full Name: \_\_\_\_\_ Adult 2 - Full Name: \_\_\_\_\_

**Adult Education:**

Plans courses, programs and Educational outings as part of the Temple's commitment to lifelong Jewish Learning.

Adult 1       Adult 2

**Budget & Finance:**

Monitors the financial condition of the Temple, advises the treasurer, recommends investments, and assists in the preparation of annual budget.

Adult 1       Adult 2

**Chesed:**

Makes possible "acts of loving kindness" on behalf of the congregation to members marking simchas or suffering losses.

Adult 1       Adult 2

**College:**

Conducts outreach to our college students through holiday mailings and email, and provides information about national Reform Jewish college activities.

Adult 1       Adult 2

**Communications:**

Facilitates the flow of information to congregants and potential members through local newspapers, website, etc.

Adult 1       Adult 2

**Fundraising:**

Plans events and programs intended to raise additional revenue for our congregation.

Adult 1       Adult 2

**Green:**

Leads efforts to make the TBT community more aware of the world around us and how we can do our part in protecting it.

Adult 1       Adult 2

**House:**

Coordinates the maintenance of our building and property, establishes regulations for the use of the facilities, and oversees administrative functions.

Adult 1       Adult 2

**Judaica (Gift Shop):**

Runs the gift shop and is responsible for its merchandise. Volunteers are needed for our holiday sales.

Adult 1       Adult 2

**Membership:**

Disseminates information about our Temple community to potential members, and welcomes new members.

Adult 1       Adult 2

**Men's Club:**

Provides an atmosphere of social, fraternal, cultural and educational opportunities for men within our synagogue as well as for the congregation as a whole.

Adult 1       Adult 2

**Outreach:**

Develops and supports programming to meet the needs of interfaith couples and families as well as those who are considering conversion to Judaism.

Adult 1       Adult 2

**Planning and Design:**

Responsible for reviewing and approving new additions to the Temple building and grounds.

Adult 1       Adult 2

**Religious Practices:**

In consultation with the clergy, considers matters affecting the religious life of the congregation.

Adult 1       Adult 2

**SAJE (Religious School):**

Along with the School Director and Rabbi, takes responsibility for the education of our children, who represent the future of our Jewish community.

Adult 1       Adult 2

**Social Action:**

Informs the congregation about issues; initiates programs with the goal of "tikkun olam" the perfecting of our world.

Adult 1       Adult 2

**Women's Club:**

Sponsors activities and events that promote Jewish values and encompass the diverse social, educational, cultural and charitable interests of the membership.

Adult 1       Adult 2

**Youth:**

Gives direction to and assists the Youth Advisors in carrying out the many Youth Group activities.

Adult 1       Adult 2

Membership categories (provided on the Annual Dues and Tuition Schedule) are designed to give our families an opportunity to support TBT consistent with their ability. Please note that all membership commitments are for a full year which begins July 1. Membership is continuous unless the Temple is notified of a resignation in writing.

I/we hereby apply for membership in Temple Beth Torah.

Adult 1 Signature \_\_\_\_\_

Adult 2 Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_