

CONGREGATION BETENU MEMBERSHIP APPLICATION

Date _____

Your Name: _____

Your Address: _____

Your Telephone Number: Home _____ Work _____ E-Mail _____

Spouse's First (and last) Name (if different) _____

Check one:

Family Membership _____ Single Membership _____ Other (Explain) _____

Family member names as you would like them listed on membership lists:

First Name Date of Birth Relationship Occupation

- 1.
- 2.
- 3.
- 4.
- 5.

Have your children previously attended religious school? Y N NA _____

Do you wish to send your children to Betenu's religious School? Y N NA _____

Do you wish to participate in adult education? Y N NA _____ If so are there any specific topics you wish to see offered _____

How long have you lived in this area? _____

Where did you previously live? _____

Were you previously a member of another Synagogue? Y N NA _____

If so which one? _____

Indicate Yahrzeit dates you would like remembered:

Name Relationship Date of death(including year)

- 1.
- 2.
- 3.

In what organizational activities might you be interested in participating?

Check all that apply:

Executive Board _____ Membership _____ Religious Practices _____ Publicity _____

Fund Raising _____ Long Range Planning _____ Facilities Maintenance _____

Gift Shop _____ Adult Education _____ Religious School _____

Please direct questions about membership and completed applications to the Betenu office, by using the web form at <http://www.betenu.org/office/>