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| **Membership Application** |
| **Member 1** (Double click on a box and select the checked radio button to check) |
| Title:Mr. [ ]  Mrs. [ ]  Miss [ ]  Ms. [ ]  Dr. [ ]  | First Name:  | Last Name: |
| Mobile Phone #:  | Business Phone/Ext #: | Fax #: |
| Sex: M: [ ]   F: [ ]   | Email: | Occupation:[ ]  Retired  |
| **Member 2** (Double click on a box and select the checked radio button to check) |
| Title:Mr. [ ]  Mrs. [ ]  Miss [ ]  Ms. [ ]  Dr. [ ]  | First Name:  | Last Name: |
| Mobile Phone #:  | Business Phone/Ext#: | Fax #: |
| Sex: M: [ ]   F: [ ]   | Email: | Occupation:[ ]  Retired  |
| **Family Information** |
| Street Address: | Home Phone: |
| City | State: | Zip: |
| Family Salutation:  |  Home Fax:  |
| **Yahrzeit Information** (Double click on a box and select the checked radio button to check) |
| Name: | Relationship: |  Observed by:M1 [ ]  M 2: [ ]  Family: [ ]  |
| Date of Death: | Date Observed: English [ ]  Hebrew [ ]  |  Memorial Plaque No: |
| Name: | Relationship: |  Observed by:M1 [ ]  M 2: [ ]  Family: [ ]  |
| Date of Death: | Date Observed: English [ ]  Hebrew [ ]  |  Memorial Plaque No: |

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| **Yahrzeit Information** (Double click on a box and select the checked radio button to check) |
| Name: | Relationship: |  Observed by:M1 [ ]  M 2: [ ]  Family: [ ]  |
| Date of Death: | Date Observed: English [ ]  Hebrew [ ]  |  Memorial Plaque No: |
| Name: | Relationship: |  Observed by:M1 [ ]  M 2: [ ]  Family: [ ]  |
| Date of Death: | Date Observed: English [ ]  Hebrew [ ]  |  Memorial Plaque No: |
| Name: | Relationship: |  Observed by:M1 [ ]  M 2: [ ]  Family: [ ]  |
| Date of Death: | Date Observed: English [ ]  Hebrew [ ]  |  Memorial Plaque No: |
| Name: | Relationship: |  Observed by:M1 [ ]  M 2: [ ]  Family: [ ]  |
| Date of Death: | Date Observed: English [ ]  Hebrew [ ]  |  Memorial Plaque No: |
| **Interests** (Double click on a box and select the checked radio button to check) |
| **Ritual:**

|  |  |
| --- | --- |
| Bless Shabbat Candles | [ ]  |
| Torah Blessings | [ ]  |
| Torah Reading | [ ]  |
| Reading in English  | [ ]  |
| Room Setup | [ ]  |

**Volunteering:**

|  |  |
| --- | --- |
| Clerical | [ ]  |
| One-Time Events | [ ]  |
| Special Events | [ ]  |
| On-Going Opps | [ ]  |

**Skills:**

|  |  |
| --- | --- |
| Computer | [ ]  |
| Leadership | [ ]  |
| Financial | [ ]  |
| Organizational | [ ]  |

 |  **Committees/Clubs:**

|  |  |
| --- | --- |
| Adult Ed / Lunch & Learn: | [ ]  |
| Budget: | [ ]  |
| Camera Club | [ ]  |
| Facilities | [ ]  |
| Federation Rep | [ ]  |
| Marketing | [ ]  |
| Membership | [ ]  |
| Men's Club | [ ]  |
| Newsletter | [ ]  |
| OMI Reps | [ ]  |
| Publicity | [ ]  |
| Ritual/Worship | [ ]  |
| Social Action | [ ]  |
| Sisterhood | [ ]  |
| Genealogy Club | [ ]  |
| Temple Book Club | [ ]  |

 | Are there any other interests that you have or that you would like to see Bet Aviv become involved in?

|  |  |
| --- | --- |
| Bridge | [ ]  |
| Tennis | [ ]  |
| Golf | [ ]  |
| Mahjong | [ ]  |
| Museums | [ ]  |
| Lunch | [ ]  |
| Exercise | [ ]  |
| Choir/Music  | [ ]  |
| Other: | [ ]  |
| Other: | [ ]  |

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| **Additional Comments:** |
| **How did you learn about Bet Aviv?**Columbia Flier [ ]  Website: [ ]  Friend: [ ]  Member: [ ]  Other: (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |