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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: |

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