



Bet Aviv
 The Meeting House
 5885 Robert Oliver Place
 Columbia, MD 21045

Instructions: Complete and return form with check to address at the left. You may fill it out on-line and print it or print it first and then fill it out by hand.

Membership Application		
Member 1 (Double click on a box and select the checked radio button to check)		
Title: Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/>	First Name:	Last Name:
Mobile Phone #:	Business Phone/Ext #:	Fax #:
Sex: M: <input type="checkbox"/> F: <input type="checkbox"/>	Email:	Occupation: <input type="checkbox"/> Retired
Member 2 (Double click on a box and select the checked radio button to check)		
Title: Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/>	First Name:	Last Name:
Mobile Phone #:	Business Phone/Ext#:	Fax #:
Sex: M: <input type="checkbox"/> F: <input type="checkbox"/>	Email:	Occupation: <input type="checkbox"/> 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 <input type="checkbox"/> M 2: <input type="checkbox"/> Family: <input type="checkbox"/>
Date of Death:	Date Observed: English <input type="checkbox"/> Hebrew <input type="checkbox"/>	Memorial Plaque No:
Name:	Relationship:	Observed by: M1 <input type="checkbox"/> M 2: <input type="checkbox"/> Family: <input type="checkbox"/>
Date of Death:	Date Observed: English <input type="checkbox"/> Hebrew <input type="checkbox"/>	Memorial Plaque No:

Yahrzeit Information (Double click on a box and select the checked radio button to check)

Name:	Relationship:	Observed by: M1 <input type="checkbox"/> M 2: <input type="checkbox"/> Family: <input type="checkbox"/>
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Interests (Double click on a box and select the checked radio button to check)

<p>Ritual:</p> <table border="1"> <tr><td>Bless Shabbat Candles</td><td><input type="checkbox"/></td></tr> <tr><td>Torah Blessings</td><td><input type="checkbox"/></td></tr> <tr><td>Torah Reading</td><td><input type="checkbox"/></td></tr> <tr><td>Reading in English</td><td><input type="checkbox"/></td></tr> <tr><td>Room Setup</td><td><input type="checkbox"/></td></tr> </table> <p>Volunteering:</p> <table border="1"> <tr><td>Clerical</td><td><input type="checkbox"/></td></tr> <tr><td>One-Time Events</td><td><input type="checkbox"/></td></tr> <tr><td>Special Events</td><td><input type="checkbox"/></td></tr> <tr><td>On-Going Opps</td><td><input type="checkbox"/></td></tr> </table> <p>Skills:</p> <table border="1"> <tr><td>Computer</td><td><input type="checkbox"/></td></tr> <tr><td>Leadership</td><td><input type="checkbox"/></td></tr> <tr><td>Financial</td><td><input type="checkbox"/></td></tr> <tr><td>Organizational</td><td><input type="checkbox"/></td></tr> </table>	Bless Shabbat Candles	<input type="checkbox"/>	Torah Blessings	<input type="checkbox"/>	Torah Reading	<input type="checkbox"/>	Reading in English	<input type="checkbox"/>	Room Setup	<input type="checkbox"/>	Clerical	<input type="checkbox"/>	One-Time Events	<input type="checkbox"/>	Special Events	<input type="checkbox"/>	On-Going Opps	<input type="checkbox"/>	Computer	<input type="checkbox"/>	Leadership	<input type="checkbox"/>	Financial	<input type="checkbox"/>	Organizational	<input type="checkbox"/>	<p>Committees/Clubs:</p> <table border="1"> <tr><td>Adult Ed / Lunch & Learn:</td><td><input type="checkbox"/></td></tr> <tr><td>Budget:</td><td><input type="checkbox"/></td></tr> <tr><td>Camera Club</td><td><input type="checkbox"/></td></tr> <tr><td>Facilities</td><td><input type="checkbox"/></td></tr> <tr><td>Federation Rep</td><td><input type="checkbox"/></td></tr> <tr><td>Marketing</td><td><input type="checkbox"/></td></tr> <tr><td>Membership</td><td><input type="checkbox"/></td></tr> <tr><td>Men's Club</td><td><input type="checkbox"/></td></tr> <tr><td>Newsletter</td><td><input type="checkbox"/></td></tr> <tr><td>OMI Reps</td><td><input type="checkbox"/></td></tr> <tr><td>Publicity</td><td><input type="checkbox"/></td></tr> <tr><td>Ritual/Worship</td><td><input type="checkbox"/></td></tr> <tr><td>Social Action</td><td><input type="checkbox"/></td></tr> <tr><td>Sisterhood</td><td><input type="checkbox"/></td></tr> <tr><td>Genealogy Club</td><td><input type="checkbox"/></td></tr> <tr><td>Temple Book Club</td><td><input type="checkbox"/></td></tr> </table>	Adult Ed / Lunch & Learn:	<input type="checkbox"/>	Budget:	<input type="checkbox"/>	Camera Club	<input type="checkbox"/>	Facilities	<input type="checkbox"/>	Federation Rep	<input type="checkbox"/>	Marketing	<input type="checkbox"/>	Membership	<input type="checkbox"/>	Men's Club	<input type="checkbox"/>	Newsletter	<input type="checkbox"/>	OMI Reps	<input type="checkbox"/>	Publicity	<input type="checkbox"/>	Ritual/Worship	<input type="checkbox"/>	Social Action	<input type="checkbox"/>	Sisterhood	<input type="checkbox"/>	Genealogy Club	<input type="checkbox"/>	Temple Book Club	<input type="checkbox"/>	<p>Are there any other interests that you have or that you would like to see Bet Aviv become involved in?</p> <table border="1"> <tr><td>Bridge</td><td><input type="checkbox"/></td></tr> <tr><td>Tennis</td><td><input type="checkbox"/></td></tr> <tr><td>Golf</td><td><input type="checkbox"/></td></tr> <tr><td>Mahjong</td><td><input type="checkbox"/></td></tr> <tr><td>Museums</td><td><input type="checkbox"/></td></tr> <tr><td>Lunch</td><td><input type="checkbox"/></td></tr> <tr><td>Exercise</td><td><input type="checkbox"/></td></tr> <tr><td>Choir/Music</td><td><input type="checkbox"/></td></tr> <tr><td>Other:</td><td><input type="checkbox"/></td></tr> <tr><td>Other:</td><td><input type="checkbox"/></td></tr> </table>	Bridge	<input type="checkbox"/>	Tennis	<input type="checkbox"/>	Golf	<input type="checkbox"/>	Mahjong	<input type="checkbox"/>	Museums	<input type="checkbox"/>	Lunch	<input type="checkbox"/>	Exercise	<input type="checkbox"/>	Choir/Music	<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:	<input type="checkbox"/>
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Additional Comments:

How did you learn about Bet Aviv?

Columbia Flier Website: Friend: Member: Other: (Specify) _____