



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

Instructions: Complete and return form with a check to the address at the left.

Word version: Either fill out on-line or print and fill out by hand. To fill out on-line, follow instructions to download the form, if needed, and simply type in text or click in the checkbox to mark. **PDF version:** print and fill out by hand.

Membership Information		
Member 1		
Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐ Dr ☐	First Name (prefer to be called):	Last Name:
Home Phone Number:	Cell Phone Number	Primary Occupation/Profession: (Please include even if retired)
Email:	Preferred Number: ☐ Home ☐ Cell If Cell Phone is NOT Preferred, Permission to Include in Member- Only Directory? ☐ Yes ☐ No	☐ Retired ☐ Working Part Time ☐ Working Full time
Member 2		
Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐ Dr ☐	First Name (prefer to be called):	Last Name:
Home Phone Number:	Cell Phone Number:	Primary Occupation/Profession:
Email:	Preferred Number: ☐ Home ☐ Cell If Cell Phone is NOT Preferred, Permission to Include in Member- Only Directory? ☐ Yes ☐ No	☐ Retired ☐ Working Part Time ☐ Working Full time
Household Information		
Street Address		Unit # if Applicable:
City	State:	Zip:
Yahrzeit Information		
Name:	Relationship:	Observed by: M1 ☐ M 2: ☐ Family: ☐
Date of Death:	Date Observed: English ☐ Hebrew ☐	
Name:	Relationship:	Observed by: M1 ☐ M 2: ☐ Family: ☐
Date of Death:	Date Observed: English ☐ Hebrew ☐	

Yahrzeit Information (If more than 4, attach an additional sheet)		
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Interests (M1 is Member 1; M2 is Member 2)																																																																																																																																												
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How did you learn about Bet Aviv? Website: ☐ Friend: ☐ Member: ☐ Google ☐ Facebook ☐ Other (Specify) _____
Are you aware of any others who might be interested in Bet Aviv? ☐ Yes: ☐ No
Date submitted: _____