



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. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr <input type="checkbox"/>	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: <input type="checkbox"/> Home <input type="checkbox"/> Cell	
	If Cell Phone is NOT Preferred, Permission to Include in Member- Only Directory? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Retired <input type="checkbox"/> Working Part Time <input type="checkbox"/> Working Full time
Member 2		
Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr <input type="checkbox"/>	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: <input type="checkbox"/> Home <input type="checkbox"/> Cell	
	If Cell Phone is NOT Preferred, Permission to Include in Member- Only Directory? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Retired <input type="checkbox"/> Working Part Time <input type="checkbox"/> Working Full time
Household Information		
Street Address		Unit # if Applicable:
City	State:	Zip:
Yahrzeit Information		
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"/>	
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"/>	

Yahrzeit Information (If more than 4, attach an additional sheet)		
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"/>	
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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: <input type="checkbox"/> Friend: <input type="checkbox"/> Member: <input type="checkbox"/> Google <input type="checkbox"/> Facebook <input type="checkbox"/> Other (Specify) _____
Are you aware of any others who might be interested in Bet Aviv? <input type="checkbox"/> Yes: <input type="checkbox"/> No
Date submitted: _____