



**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:
Preferred Phone #:	Email:	<input type="checkbox"/> Retired <input type="checkbox"/> Working Part Time <input type="checkbox"/> Working Full time Occupation/Profession:

**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:
Preferred Phone #:	Email:	<input type="checkbox"/> Retired <input type="checkbox"/> Working Part Time <input type="checkbox"/> Working Full time Occupation/Profession:

**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"/>	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:

**How did you learn about Bet Aviv?** Website:  Friend:  Member:  Facebook Ad

Other (Specify)

Are you aware of any others who might be interested in Bet Aviv?  Yes:  No

**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"/>	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:
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:

**Interests** (M1 is Member 1; M2 is Member 2)

Important Interests in Bet Aviv Membership (Check all that apply)	Important Interests (Continued) (Check all that apply)	Skills & Volunteer Possibilities (Check all that apply)
M1 M2	M1 M2	M1 M2
Adult Education <input type="checkbox"/> <input type="checkbox"/>	Services (Shabbat) <input type="checkbox"/> <input type="checkbox"/>	Admin./Clerical <input type="checkbox"/> <input type="checkbox"/>
Book Club <input type="checkbox"/> <input type="checkbox"/>	Services (High Holidays) <input type="checkbox"/> <input type="checkbox"/>	Budget/Finance <input type="checkbox"/> <input type="checkbox"/>
Choir <input type="checkbox"/> <input type="checkbox"/>	Services (Other Holidays) <input type="checkbox"/> <input type="checkbox"/>	Caring Committee <input type="checkbox"/> <input type="checkbox"/>
Connecting w/ Members <input type="checkbox"/> <input type="checkbox"/>	Services (In Person) <input type="checkbox"/> <input type="checkbox"/>	Communications <input type="checkbox"/> <input type="checkbox"/>
Day Trips <input type="checkbox"/> <input type="checkbox"/>	Services (On Line) <input type="checkbox"/> <input type="checkbox"/>	Computer Skills <input type="checkbox"/> <input type="checkbox"/>
Green Team (Environmental) <input type="checkbox"/> <input type="checkbox"/>	Singles Club <input type="checkbox"/> <input type="checkbox"/>	Green Team <input type="checkbox"/> <input type="checkbox"/>
Holiday Events <input type="checkbox"/> <input type="checkbox"/>	Social Event <input type="checkbox"/> <input type="checkbox"/>	Holiday Events <input type="checkbox"/> <input type="checkbox"/>
Men's Club <input type="checkbox"/> <input type="checkbox"/>	Social Action <input type="checkbox"/> <input type="checkbox"/>	Marketing/Publicity <input type="checkbox"/> <input type="checkbox"/>
Oakland Mills Interfaith Art Comm. <input type="checkbox"/> <input type="checkbox"/>		Member Recruitment <input type="checkbox"/> <input type="checkbox"/>
Pastoral Counselling <input type="checkbox"/> <input type="checkbox"/>		Member Engagement <input type="checkbox"/> <input type="checkbox"/>
Sisterhood (Women of Bet Aviv) <input type="checkbox"/> <input type="checkbox"/>		Social Action <input type="checkbox"/> <input type="checkbox"/>
Other Member1 – Explain		Social Events <input type="checkbox"/> <input type="checkbox"/>
Other Member2 – Explain		Usher/Greeter <input type="checkbox"/> <input type="checkbox"/>
		<b>Service Rituals:</b> <input type="checkbox"/> <input type="checkbox"/>
		Candle/Blessing <input type="checkbox"/> <input type="checkbox"/>
		Oneg Assistance <input type="checkbox"/> <input type="checkbox"/>
		Reading - English <input type="checkbox"/> <input type="checkbox"/>
		Reading - Hebrew <input type="checkbox"/> <input type="checkbox"/>
		Room Setup <input type="checkbox"/> <input type="checkbox"/>
		Torah Blessing <input type="checkbox"/> <input type="checkbox"/>
		Torah Reading <input type="checkbox"/> <input type="checkbox"/>
		Other (M1):

		Other (M2):
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