



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.

Date: Submitted _____

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)	M1 M2		Important Interests (Continued) (Check all that apply)	M1 M2		Skills & Volunteer Possibilities (Check all that apply)	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"/>
						Service Rituals:	<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):		

--	--	--