



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:
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:
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"/>		:	
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"/>		:	
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"/>			
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			
Adult Education	<input type="checkbox"/>	<input type="checkbox"/>			
Book Club	<input type="checkbox"/>	<input type="checkbox"/>			
Choir	<input type="checkbox"/>	<input type="checkbox"/>			
Connecting w/ Members	<input type="checkbox"/>	<input type="checkbox"/>			
Day Trips	<input type="checkbox"/>	<input type="checkbox"/>			
Genealogy Club	<input type="checkbox"/>	<input type="checkbox"/>			
Green Team (Environmental)	<input type="checkbox"/>	<input type="checkbox"/>			
Holiday Events	<input type="checkbox"/>	<input type="checkbox"/>			
Men's Club	<input type="checkbox"/>	<input type="checkbox"/>			
Oakland Mills Interfaith Art Comm.	<input type="checkbox"/>	<input type="checkbox"/>			
Pastoral Counselling	<input type="checkbox"/>	<input type="checkbox"/>			
Other Member1 – Explain					
Other Member2 – Explain					
	M1	M2			
Services (Shabbat)	<input type="checkbox"/>	<input type="checkbox"/>			
Services (High Holidays)	<input type="checkbox"/>	<input type="checkbox"/>			
Services (Other Holidays)	<input type="checkbox"/>	<input type="checkbox"/>			
Services (In Person)	<input type="checkbox"/>	<input type="checkbox"/>			
Services (On Line)	<input type="checkbox"/>	<input type="checkbox"/>			
Singles Club	<input type="checkbox"/>	<input type="checkbox"/>			
Sisterhood (Women of Bet Aviv)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Social Event	<input type="checkbox"/>	<input type="checkbox"/>			
Social Action	<input type="checkbox"/>	<input type="checkbox"/>			
Admin./Clerical	<input type="checkbox"/>	<input type="checkbox"/>			
Budget/Finance	<input type="checkbox"/>	<input type="checkbox"/>			
Caring Committee	<input type="checkbox"/>	<input type="checkbox"/>			
Communications	<input type="checkbox"/>	<input type="checkbox"/>			
Computer Skills	<input type="checkbox"/>	<input type="checkbox"/>			
Green Team	<input type="checkbox"/>	<input type="checkbox"/>			
Holiday Events	<input type="checkbox"/>	<input type="checkbox"/>			
Marketing/Publicity	<input type="checkbox"/>	<input type="checkbox"/>			
Member Recruitment	<input type="checkbox"/>	<input type="checkbox"/>			
Member Engagement	<input type="checkbox"/>	<input type="checkbox"/>			
Social Action	<input type="checkbox"/>	<input type="checkbox"/>			
Social Events	<input type="checkbox"/>	<input type="checkbox"/>			
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"/>			