



Temple Beth-El

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www.BethElGeneva.org

MEMBERSHIP APPLICATION

DATE _____

MEMBER A:

Last Name: _____ First Name: _____

Middle Name: _____ Preferred/Nickname: _____

Hebrew Name: (If applicable/known) _____ Birthdate: _____

E-mail Address: _____

Cell Phone: _____

How do you prefer to be contacted (please circle) - Email, Home Phone, Cell Phone, mail

MEMBER B:

Last Name: _____ First Name: _____

Middle Name: _____ Preferred/Nickname: _____

Hebrew Name: (If applicable/known) _____ Birthdate: _____

E-mail Address: _____

Cell Phone: _____

How do you prefer to be contacted (please circle) - Email, Home Phone, Cell Phone, mail

Home Address: _____

City/State/ Zip: _____

Home Phone: (____) _____

Marital Status: Single Married / Date of Marriage: _____

Life Partner Divorced Widowed

How would you like your name(s) listed on our mailing list? (For example:
Mr. .and Mrs. Alan Jones, Alan and Shirley Jones, Mr. Alan Jones and Ms. Shirley Jones)

Children (Single & Married)

<u>Name</u>	<u>Hebrew Name</u>	<u>Sex</u>	<u>Date of Birth</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Yahrzeit (Memorial) Record

<u>Name</u>	<u>Yahrzeit Date</u>	<u>Date of Death (m/d/y)</u>	<u>Relationship (To Whom)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Additional Comments or Questions:

Please contact Rabbi Ann Landowne directly at BethElGeneva@gmail.com or at (914) 645-1276 to set up a meeting. She would like to welcome you personally to the congregation and answer any questions you may have at this time.