

**Temple Beth Am**  
**7205 Royal Palm Boulevard, Margate, Florida 33063**  
**(954)968-4545 C FAX (954)970-4281 C <http://www.beth-am.org>**

We are pleased that you have chosen to join Temple Beth Am. To further your full involvement in the life of the congregation, we ask that you carefully complete this application. The data you share with us remains in complete confidence.

Date: \_\_\_\_\_ Membership Type: (for office use) \_\_\_\_\_

**MEMBERSHIP APPLICATION/CENSUS FORM**

<b>Family Name:</b> _____	<b>Home Phone:</b> _____
<b>Home Address:</b> _____	
<b>City:</b> _____	<b>State:</b> _____ <b>Zip:</b> _____
<b>Development:</b> _____	<b>E-Mail Addresses(all family members):</b> _____

**Forward mail to alternate address**  
 Can we email you *The Scribe* and updates?  No  Yes

<b>Summer Address:</b> _____	
<b>City:</b> _____	<b>State:</b> _____ <b>Zip:</b> _____
<b>phone:</b> _____	<b>Alternate address dates:</b> Start ___/___/___ Stop ___/___/___

<b>Are you currently a member of another synagogue?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b><i>If yes, name and location of congregation:</i></b> _____
<b>Have you ever affiliated with another synagogue?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b><i>If yes, when and where:</i></b> _____

Children:	Name	Hebrew Name	Sex	Birthdate
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

**Check the areas in which you have an interest serving on:** (please mark M - Male and F - Female)

- |                                     |                                 |                        |
|-------------------------------------|---------------------------------|------------------------|
| _____ Adult Education               | _____ Sisterhood                | _____ Choir            |
| _____ Bingo                         | _____ Bulletin                  | _____ Fundraising      |
| _____ Concert Committee             | _____ Early Childhood Committee | _____ Usher Committee  |
| _____ Library                       | _____ Membership                | _____ Youth Groups     |
| _____ Men's Club                    | _____ Minyonaires               | _____ Ritual Committee |
| _____ Public Relations /Advertising |                                 |                        |

Services/Skills able to offer: \_\_\_\_\_

Past Organizational/Synagogue Experience: \_\_\_\_\_

Individual Information (please fill out to the best of your ability)

**ADULT MALE**

Title you prefer:  Mr.  Dr.  
First name & \_\_\_\_\_  
middle initial \_\_\_\_\_  
Preferred Name: \_\_\_\_\_  
(nickname)

**MARITAL STATUS**  
 Single  Married - Date: \_\_\_/\_\_\_/\_\_\_  
 Widow(ed)  Divorced

Date of birth: \_\_\_/\_\_\_/\_\_\_ City/State: \_\_\_\_\_  
**OCCUPATION**  
Position \_\_\_\_\_  
 Full time  Part time  Retired  
Employer \_\_\_\_\_  
Business Address \_\_\_\_\_  
\_\_\_\_\_  
Business phone ( ) \_\_\_\_\_  
Fax: \_\_\_\_\_ Bus. Email: \_\_\_\_\_  
-

Are all immediate family members Jewish or converted?  
 Yes  No  
If no, who is not Jewish? \_\_\_\_\_  
If a conversion took place, who is converted?  
\_\_\_\_\_  
Was the conversion by an  Orthodox  Conservative  
 Reform  Other, Rabbi?

Do you have a Kosher Home?  Yes  No  
Your Hebrew Name: \_\_\_\_\_  
Are you: \_\_\_ Kohen \_\_\_ Levi \_\_\_ Yisroel  
Mother's Hebrew Name: \_\_\_\_\_  
Father's Hebrew Name: \_\_\_\_\_

We would like to know if you or any of your parents or grandparents are Holocaust survivors?  Yes  No  
Does your family have a Cemetery Plot? \_\_\_\_\_ Where? \_\_\_\_\_  
Would you like to arrange for a cemetery plot in one of our reserved section? \_\_\_\_\_  
By signing this membership application, I / We agree to abide by the rules and regulations of Temple Beth Am Of Margate, Inc., as outlined in the By-

**ADULT FEMALE**

Title you prefer:  Mrs.  Dr.  Miss  Ms.  
First name & \_\_\_\_\_  
middle initial \_\_\_\_\_  
Preferred Name: \_\_\_\_\_  
(nickname)

**MARITAL STATUS**  
 Single  Married - Date: \_\_\_/\_\_\_/\_\_\_  
 Widow(ed)  Divorced

Date of birth: \_\_\_/\_\_\_/\_\_\_ City/State: \_\_\_\_\_  
**OCCUPATION**  
Position \_\_\_\_\_  
 Full time  Part time  Retired  
Employer \_\_\_\_\_  
Business Address \_\_\_\_\_  
\_\_\_\_\_  
Business phone ( ) \_\_\_\_\_  
Fax: \_\_\_\_\_ Bus. Email: \_\_\_\_\_  
-

Are all immediate family members Jewish or converted?  
 Yes  No  
If no, who is not Jewish? \_\_\_\_\_  
If a conversion took place, who is converted?  
\_\_\_\_\_  
Was the conversion by an  Orthodox  Conservative  
 Reform  Other, Rabbi?

Do you have a Kosher Home?  Yes  No  
Your Hebrew Name: \_\_\_\_\_  
Are you: \_\_\_ Kohen \_\_\_ Levi \_\_\_ Yisroel  
Mother's Hebrew Name: \_\_\_\_\_  
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\_\_\_\_\_  
Was the conversion by an  Orthodox  Conservative  
 Reform  Other, Rabbi?

**laws, a copy of which I have received, and I further agree to assume all proper financial obligations for Dues, Tuitions, Pledges and Assessments, as properly assessed by Temple Beth Am Of Margate, Inc.**

**SIGNATURE** \_\_\_\_\_ Date \_\_\_\_\_

Interviewed By \_\_\_\_\_ Date \_\_\_\_\_

Approved by Rabbi: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_\_