



CONGREGATION BETH EL
1200 Fairfield Woods Road
Fairfield, CT 06825

APPLICATION FOR MEMBERSHIP
Phone:(203) 374-5544 Fax:(203) 374-4962
Email: office@bethelfairfield.org
www.bethelfairfield.org

Date _____

Rev 9/2020

Family Name _____

Address: _____

Town/City _____ State _____ Zip _____ Home Phone _____

MARITAL STATUS: _____ Married _____ Single _____ Divorced _____ Widow(er) Wedding Date ____/____/____

MALE MEMBER:

Title: _____ Name: (English) _____

Cell Phone _____

Email _____

(Hebrew Name) _____

son of _____
(Father's Hebrew Name & Mother's Hebrew Name)

Date of Birth: ____/____/____

Jewish by: Birth Not Jewish - Denomination _____

Traditional Conversion - Date _____

Bar Mitzvah date (English) _____

Parsha Portion: _____

Occupation _____

Firm Name _____

Address _____

Phone _____ Email _____

Please select where appropriate. I can dahven:

Daily Service Shabbat Service Haftarah Torah

Previous synagogue affiliation: Name: _____

Location _____

Reform Conservative Orthodox Reconstruction

Please list any offices held _____

Activities participated in _____

Personal interests, talents, hobbies, etc. _____

FEMALE MEMBER

Title: _____ Name: (English) _____

Cell Phone _____

Email _____

(Hebrew Name) _____

daughter of _____
(Father's Hebrew Name & Mother's Hebrew Name)

Date of Birth: ____/____/____

Jewish by: Birth Not Jewish - Denomination _____

Traditional Conversion - Date _____

Bat Mitzvah date (English) _____

Parsha Portion: _____

Occupation _____

Firm Name _____

Address _____

Phone _____ Email _____

Please select where appropriate. I can dahven:

Daily Service Shabbat Service Haftarah Torah

Previous synagogue affiliation: Name: _____

Location _____

Reform Conservative Orthodox Reconstruction

Please list any offices held _____

Activities participated in _____

Personal interests, talents, hobbies, etc. _____

Membership Level:

_____ Family Membership _____ Single Parent Family _____ Single _____ Affiliated _____ Friend

In order to maintain our building and grounds, each new member is required to pay towards a building fund.

My building fund pledge is \$ _____, to be paid annually. (Total: \$1250 Family/over 5 years, \$750 Single/over 3 years)

New members may check here to defer the first payment of building fund for one year.

Signature _____ Date: _____

CHILD 1: English Name (First ,Middle, Last) Hebrew Name Sex Birth Date Public School Grade

Jewish by: Birth Not Jewish - Denomination _____ Traditional Conversion - Date _____

CHILD 2: English Name (First ,Middle, Last) Hebrew Name Sex Birth Date Public School Grade

Jewish by: Birth Not Jewish - Denomination _____ Traditional Conversion - Date _____

CHILD 3: English Name (First ,Middle, Last) Hebrew Name Sex Birth Date Public School Grade

Jewish by: Birth Not Jewish - Denomination _____ Traditional Conversion - Date _____

Please list relationship to any current Beth El member(s):

Name(s): _____ Relative _____ Friend _____ Business _____

I (We) are interested in: _____ Sisterhood _____ Men's Club _____ Adult Education _____ Ways & Means

_____ Ritual _____ Membership _____ Religious School _____ Preschool _____ Music/Choir

_____ Minyan _____ Finance _____ Tikun Olam (Social Action) _____ Other (Please be specific) _____

YAHREZEITS:

*Additional Yahrzeits may be typed on a separate page

MALE MEMBER'S FAMILY

FEMALE MEMBER'S FAMILY

Name of Deceased _____

Name of Deceased _____

English Date & Year of Death _____

English Date & Year of Death _____

Before Sundown After Sundown

Before Sundown After Sundown

Relationship _____

Relationship _____

Name of Deceased _____

Name of Deceased _____

English Date & Year of Death _____

English Date & Year of Death _____

Before Sundown After Sundown

Before Sundown After Sundown

Relationship _____

Relationship _____

Name of Deceased _____

Name of Deceased _____

English Date & Year of Death _____

English Date & Year of Death _____

Before Sundown After Sundown

Before Sundown After Sundown

Relationship _____

Relationship _____