



TEMPLE BEIT TORAH
 522 E. Madison St. Colorado Springs, CO 80907
 (719) 573-0841 tbt@beit-torah.org
www.beit-torah.org

URJ
 Union for Reform Judaism
 Member Congregation

MEMBERSHIP APPLICATION and AGREEMENT

We thank you for your interest in Temple Beit Torah. We look forward to welcoming you to our growing family, living and sharing Judaism together in the modern Reform tradition.

Please complete the membership application and have all ADULT members sign at the end where indicated. Please enclose your first months or yearly dues with your application. Your membership application will be presented to the TBT Board of Directors at their next meeting. Upon acceptance, you will be officially welcomed as members of Temple Beit Torah.

DATE _____

	A. Adult 1	B. Adult 2
1. First Name		
1.a. Title (circle)	Mr. Mrs Ms. Dr. Military rank Other	Mr. Mrs Ms. Dr. Military rank Other
1.b. Religion (circle)	Jewish Non-Jewish	Jewish Non-Jewish
2. Last Name		
3. Hebrew Name		
4. Date of Birth (M/D/Y)		
5. Wedding Anniversary (M/D/Y)		
6. Home Address		
7. City/State/Zip		
8. a. Home Phone	()	()
8. b. Cell Phone	()	()
8. c. Email		
9. Employer		
10. Position		
11. Interests/Skills (Please check any areas that you may want to volunteer to do as a member of TBT. Feel free to add your own suggestions)	Board of Directors <input type="checkbox"/> Sisterhood/Brotherhood <input type="checkbox"/> Religious School <input type="checkbox"/> Community/Mitzvah committees <input type="checkbox"/> Membership committee <input type="checkbox"/> Events/Fund Raising committee <input type="checkbox"/> Building/Maintenance committee <input type="checkbox"/> Public Relations, Communication, Media <input type="checkbox"/>	Board of Directors <input type="checkbox"/> Sisterhood/Brotherhood <input type="checkbox"/> Religious School <input type="checkbox"/> Community/Mitzvah committees <input type="checkbox"/> Membership committee <input type="checkbox"/> Events/Fund Raising committee <input type="checkbox"/> Building/Maintenance committee <input type="checkbox"/> Public Relations, Communication, Media <input type="checkbox"/>

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	C. CHILD #1	D. CHILD #2	E. CHILD #3	F. CHILD #4
13. Last Name (if different)				
14. First Name				
15. Date of Birth (M/D/Y)				
16. Hebrew Name				
17. Address (if not at home)				
18. City/State/Zip				
19. Phone	()	()	()	()
Yahrzeit (Memorial)	First Yahrzeit Name		Second Yahrzeit Name	
20. Full Name				
21. Date of Death ¹ (English or Hebrew date)				
	2 nd Yahrzeit Name		4 th Yahrzeit Name	
20. Full Name				
21. Date of Death				
	5 th Yahrzeit Name		6 th Yahrzeit Name	
20. Full Name				
21. Date of Death				

¹If you wish to observe Yahrzeit according to the Hebrew date, please contact the office for assistance to determine the correct date.

Please note: Unless you instruct us otherwise, any of the information provided on this form may appear in the Temple Directory, Temple Newsletter, Memorial Book or pamphlet or other Temple publications. If you do not wish information to appear, please specify which information you wish to exclude by number and letter (ex: Employer of Adult I would be 10A) and place in the space below followed by your initials.

Name of previous Temple/Synagogue _____

City/State _____

Signature and Date _____

Signature and Date _____