



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. If you have any questions about completing this form, please contact us at tbt@beit-torah.org or 719-573-0841.

DATE _____

	Adult 1	Adult 2
Preferred Title, if any (circle)	Mr. Mrs. Ms. Mx. Dr. Military rank Other	Mr. Mrs. Ms. Mx. Dr. Military rank Other
First Name		
Preferred Name		
Last Name		
Religion (circle)	Jewish Jewish By Choice Non Jewish Spiritual Journey	Jewish Jewish By Choice Non Jewish Spiritual Journey
Hebrew Name		
Date of Birth (M/D/Y)		
Wedding Anniversary (M/D/Y)		
Home Address		
City/State/Zip		
Home Phone	()	()
Cell Phone	()	()
Email		
Employer		

Position		
Full Time Student	(Circle) Yes No School:	(Circle) Yes No School:

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)	Adult 1	Adult 2
	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"/> Security committee <input type="checkbox"/> Ritual committee <input type="checkbox"/> Personnel committee <input type="checkbox"/> Strategic Planning committee <input type="checkbox"/> Social Justice <input type="checkbox"/> Finance Committee <input type="checkbox"/> Adult Education <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"/> Security committee <input type="checkbox"/> Ritual committee <input type="checkbox"/> Personnel committee <input type="checkbox"/> Strategic Planning committee <input type="checkbox"/> Social Justice <input type="checkbox"/> Finance Committee <input type="checkbox"/> Adult Education <input type="checkbox"/>

	CHILD #1	CHILD #2	CHILD #3	CHILD #4
Last Name (if different)				
First Name/Preferred Name				
Date of Birth (M/D/Y)				
Hebrew Name				

Yahrzeit (Memorial)	First Yahrzeit Name	Second Yahrzeit Name
Full Name		
Date of Death (English or Hebrew date)		
	Third Yahrzeit Name	Fourth Yahrzeit Name
Full Name		
Date of Death (English or Hebrew date)		
	Fifth Yahrzeit Name	Sixth Yahrzeit Name
Full Name		
Date of Death (English or Hebrew date)		

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 and place in the space below followed by your initials. _____

Name of previous Temple/Synagogue (optional) _____

City/State _____

Signature and Date _____

Signature and Date _____