



# Temple Beth El

*"Where Judaism Lives"*

## MEMBERSHIP APPLICATION

### *Welcome to Temple Beth El*

*We are committed to caring for all of our members and strive to provide a meaningful Jewish experience. Each person affiliated with our congregation is extremely important to us. We would appreciate your assistance by completing the membership application so we may better serve you.*

2906 Loma Linda Drive  
Bakersfield California 93305  
(661) 322-7607

[www.templebethelbakersfield.org](http://www.templebethelbakersfield.org)  
[tbebakersfield@gmail.com](mailto:tbebakersfield@gmail.com)

# TEMPLE BETH EL MEMBERSHIP APPLICATION

Mailing Name and Address

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State & Zip: \_\_\_\_\_

Personal Information	Adult Member #1 (M1)	Adult Member #2 (M2)
Full Name	_____	_____
Preferred to be called	_____	_____
Hebrew Name (if known)	_____	_____
Home Telephone Number	_____	_____
Cell Number	_____	_____
Email Address	_____	_____
Occupation/Position/Retired	_____	_____
Employer/Self Employed	_____	_____
Business City and State	_____	_____
Work Phone Number	_____	_____
Date of Birth	_____	_____
Marital Status	Married (Date of Marringae) _____	
	Single	Separated
	Divorced	Widowed

Religious Tradition	Reform                      Conservative Orthodox                      None Non-Jewish Religion Practiced Jew by Choice - Date of Conversion	Reform                      Conservative Orthodox                      None Non-Jewish Religion Practiced Jew by Choice - Date of Conversion
Date of Bar/Bat Mitzvah	_____	_____
Previous Congregation	_____	_____

My/Our Household

List of Dependent Children and Others in Household and Relationship

Name		Name	
Hebrew Name		Hebrew Name	
Date of Birth	M F	Date of Birth	M F
School/Grade/ Relationship		School/Grade/ Relationship	
		F	
Name		Name	
Hebrew Name		Hebrew Name	
Date of Birth	M F	Date of Birth	M F
School/Grade/ Relationship		School/Grade/ Relationship	

Please add additional names to back of this page.

Yahrzeit Information

Please list the names of those you wish to remember and check calendar you prefer: English Hebrew

Name	Relationship	Date of Death	M1 or M2

Do you have a cemetery plot? Y N Where Y N Where

Special Skills and Talents You Have (teaching, photography, cooking, etc.)

What do you expect from your association with Temple Beth El?

## Activities

Please check the congregational activities which interest you.

<b>M1</b>	<b>M2</b>	<b>Activity or Committee</b>
		Adult Education
		Buildings/Grounds Work & Repair
		Caring Committee
		Choir
		Fund Raising Committee
		Religious School
		Ha-Gan Pre-School
		Kitchen Committee
		Library
		Membership Committee
		Office Assistance
		Phone Committee
		Religious Practices Committee
		Shofar (Temple newsletter)
		Social Action
		Vison Committee

Anything else you would like to share with us or any comments?

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## Membership Guidelines and Financial Commitment

*Annual commitments are determined on a fair share basis, equaling 1.5% of your annual gross income.*

Date: \_\_\_\_\_

I/We, \_\_\_\_\_  
Printed Name(s)

Hereby apply for membership at Temple Beth El in Bakersfield, California, a Reform Congregation, and agree to abide by its By-Laws and Policies.

I/We agree to make an annual commitment of \$\_\_\_\_\_.

I/We will make our commitment payments:

Annually                  Quarterly                  Monthly

I/We also pledge one-half of our first year's commitment to Temple Beth El's Building and Maintenance Fund in the amount of \$\_\_\_\_\_. (The Building and Maintenance Fund pledge can be paid over a period of three years.)

You can enroll in our automatic payments system at:

<https://templebethelbakersfield.org/member-dues/>

using your credit card (Visa or Mastercard) or your checking/savings account.

Enclosed is my/our initial payment in the amount of \$\_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Sponsor

or

\_\_\_\_\_  
Membership Chair

***Thank You.  
We Look Forward to Your Participation.***