

QUESTIONNAIRE FOR PROSPECTIVE MEMBER

TEMPLE BETH EL

1501 N. Grandview
Odessa TX 79761

(Please print)

Note: Temple Beth El welcomes interfaith couples. Please indicate which members are Jewish.

	First and Last Name	Jewish?	Hebrew Name
(adult #1)	_____	_____	_____
(adult #2)	_____	_____	_____

Other Jewish Adults _____

ADDRESS: _____
CITY _____ **STATE** _____ **ZIP** _____
PHONE: _____ **FAX:** _____
E-MAIL: _____

BIRTHDAY #1 _____
 # 2 _____
ANNIVERSARY _____

CHILDREN: _____	M _____ F _____	BIRTHDATE _____
_____	M _____ F _____	BIRTHDATE _____
_____	M _____ F _____	BIRTHDATE _____
_____	M _____ F _____	BIRTHDATE _____

Background

I/We moved here from _____.

I/We belonged to a congregation by the name of _____ located at address (if available) _____.

The Rabbi's name is _____. This congregation is affiliated with Reform _____, Conservative _____, Orthodox _____ or Reconstructionist _____.

We are interested in having our children attend religious school. Yes _____ No _____

They will be in the following grades: _____.

If your children are post bar/bat mitzvah age of 12 to 13, have they had their bar/bar mitzvah?

Yes _____ No _____ If not, are they interested in study for this ceremony? Yes _____ No _____

Our youth group includes students from grade 7 to 12. Are you interested in having your children participate?

Yes _____ No _____

There are three pages. Please read all of them.

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Yahrzeits

I/We observe: (Additional names may be listed on the back)

NAME

RELATIONSHIP

DATE (HEBREW OR ENGLISH) PREFERRED

Interests

I (we) are interested in membership in Temple Beth El for the following reasons: _____

Please read: In submitting this membership request, I understand that the Board of Temple Beth El may do a background check before it makes a decision.

Membership Representative

Applicant's Signature

Applicant's Signature

Please fill in the third, detachable page as well. That last page covers dues. Unless you obtain a complete waiver, applicants should include a check towards dues. (At minimum, we suggest twenty times the cost of first class postage, to covers mailings.)

Return first two pages to *either*:

Dr. Frank Kasman, 20 Winchester Place, Midland TX 79705, Tel: 685-1717

or

Dr. Steve Siegler, 4001 Faudree Rd, Apt B206, Odessa TX 78765

**QUESTIONNAIRE FOR PROSPECTIVE MEMBER
For Treasurer and President Only**

Dues and Waivers

We (I) understand that full dues is \$600 per adult member. This total will be remitted through payments on a monthly, quarterly, or annual basis (please underline one). In addition, there is a building fund commitment of \$60 per year. I understand that if we (I) cannot afford this full amount, the Treasurer and President may negotiate a partial waiver.

We (I) wish to pay \$ _____ , in _____ installments per year.

Please sign or initial this page. Return to

Sari Smith, 910 West Tennessee, Midland, TX 79701, Tel: 296-2976
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