



Temple Beth Am

PO Box 5305 • 879 South Beverwyck Road
Parsippany, New Jersey 07054
(973) 887-0046 • Fax (973) 887-9386

Rabbi Ronald W. Kaplan, D.Min.
Cantor Inna Serebro-Litvak
Marc D. Colton, President

Membership Application

Name: _____

Address: _____

City	State	Zip Code
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Phone #: _____

E-mail: _____

Cell #: _____

Previous Temple Affiliation Name: _____

Address: _____

Dates: _____

How did you learn about Temple Beth Am? _____

Membership Category: **Family** **Parent/Child** **Single** Senior? Y N

I HEREBY APPLY FOR MEMBERSHIP IN Temple Beth Am and agree to pay annual dues, fees and assessments as fixed by the congregation and to comply with temple policy.

Adult 1 _____ Adult 2 _____

Date _____

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ADULT 1

First Name: _____
 Middle Name: _____
 Last Name: _____
 Preferred Name: _____
 Title Preferred: _____
 Date of Birth: _____
 Hebrew Name: _____
 Current Marital
 Status: S M D W
 If Married –
 Date of marriage: _____
 Occupation _____
 Full-Time ___ Part-Time ___ Retired ___
 Employer _____
 Business Phone: _____ Ext _____

RELIGIOUS BACKGROUND

Jewish ___ Denomination _____
 Other ___ Denomination _____

JEWISH EDUCATION

Bar/Bat Mitzvah Y N Date _____
 Confirmation Y N Date _____
 Other Y N Date _____

SPECIAL INTERESTS/HOBBIES

ADULT 2

First Name: _____
 Middle Name: _____
 Last Name: _____
 Preferred Name: _____
 Title Preferred: _____
 Date of Birth: _____
 Hebrew Name: _____
 Current Marital
 Status: S M D W
 If Married –
 Date of marriage: _____
 Occupation _____
 Full-Time ___ Part-Time ___ Retired ___
 Employer _____
 Business Phone: _____ Ext _____

RELIGIOUS BACKGROUND

Jewish ___ Denomination _____
 Other ___ Denomination _____

JEWISH EDUCATION

Bar/Bat Mitzvah Y N Date _____
 Confirmation Y N Date _____
 Other Y N Date _____

SPECIAL INTERESTS/HOBBIES

PLEASE FILL IN THE INFORMATION AS IT APPLIES TO YOUR CHILD:

	Child 1	Child 2	Child 3	Child 4
Name	_____	_____	_____	_____
Nickname:	_____	_____	_____	_____
Sex:	_____	_____	_____	_____
Birth Date:	_____	_____	_____	_____
Hebrew Name:	_____	_____	_____	_____
B/Mitzvah Date:	_____	_____	_____	_____
Confirmation Date:	_____	_____	_____	_____

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Yahrzeits are observed and announced at Shabbat service. Please list the names of those you wish remembered, their relationship to the specific family member, and English month, day and year of death:

Yahrzeit remembered on Hebrew or English date ?

circle one Hebrew English

Name of Deceased	Relationship to specific family member	Date of Death
_____	_____	_____
_____	_____	_____
_____	_____	_____

I would like to learn more about or be involved in the following:

	ADULT 1	ADULT 2
Adult Education	_____	_____
Beautification	_____	_____
Book Group	_____	_____
Caring Committee	_____	_____
Community Relations	_____	_____
Choir	_____	_____
Finance	_____	_____
Gifts and Memorials	_____	_____
Housing/Building	_____	_____
Membership	_____	_____
Men's Club	_____	_____
Newsletter	_____	_____
Onegs	_____	_____
Outreach	_____	_____
Publicity	_____	_____
Religious School	_____	_____
Ritual Committee	_____	_____
Social Action	_____	_____
Sisterhood	_____	_____
Temple Board	_____	_____
Temple Programs	_____	_____
Fundraising	_____	_____
Website	_____	_____
Youth Group Committee	_____	_____

Return to:
Membership Chair
Temple Beth-Am
PO Box 5305
Parsippany, New Jersey 07054