



Date: _____

NEW MEMBER APPLICATION FORM

	Applicant 1	Applicant 2
Last Name		
First Name		
Hebrew Name		
Are you:	Cohen / Levite / Israelite	Cohen / Levite / Israelite
Date of Birth		
If married, anniversary date:		
Address		
Home Phone		
Cell Phone		
Email		
Occupation & business phone		

Applicants 1 and 2:

How did you learn about Congregation Beth Tikvah? _____

Are you related to any current congregants? If so, please list name of congregant(s) and relationship:

Does your family have any special needs, or any other circumstance of which you feel we should be aware?

Tell us about your Jewish background. Have you been a member of another synagogue? Here in NJ, or elsewhere? Is there anything else you would like to share about your Jewish journey?

Applicants 1 and 2 continued:

Can you read Torah? YES/NO

Can you read Haftorah? YES/NO

Are you interested in attending morning minyan on Mon/Thu? YES/NO

Have you taught Hebrew School? YES/NO

Are you interested in volunteering to teach in our Religious School? YES/NO

Committee participation is a great way to meet people, get involved and make friends. Check what you are interested in. Please indicate which family member is interested in which committees:

- Adult Education Newsletter Ritual School Fundraising
 Membership Library Building & Grounds Social Action Sisterhood
 Men’s Club Publicity Youth Website

CHILDREN LIVING AT HOME

Name	Hebrew Name	Date of birth	Current Grade

CHILDREN NOT LIVING AT HOME

Name	Hebrew Name	Age

Please list all of your loved ones you would like to be remembered at the time of their Yahrtzeit:

Deceased’s Name	Relationship to which applicant	Date of Death

If you know the Hebrew date of death, there is no need to list the year. If you only know the English date of death, please provide the date, year and the time of day – daytime or after sundown. Thank you.

Please return the completed form to the CBT office.