



Beth David Reform Congregation

1130 Vaughan Lane ~ Gladwyne, Pennsylvania ~ 19035

Phone: 610.896.7485 ~ Fax: 610.642.5406

Email Address: office@bdavid.org ~ Web Address: www.bdavid.org

MEMBERSHIP APPLICATION

Applicant #1 _____

Applicant #2 _____

Marital Status (circle one): Single Married Divorced Widowed Partnership

Date of Marriage, if applicable ____/____/____ Maiden Name: _____

Home Address _____

Home Phone _____

Applicant #1: Date of Birth ____/____/____

Hebrew Name _____ ben/bat _____

Religious Affiliation (if other than Jewish) _____

E-mail Address _____ Cell Phone _____

Occupation _____

Employer Name, Address, Phone _____

Applicant #1: Date of Birth ____/____/____

Hebrew Name _____ ben/bat _____

Religious Affiliation (if other than Jewish) _____

E-mail Address _____ Cell Phone _____

Occupation _____

Employer Name, Address, Phone _____

It is the policy of Beth David to consider family units as two adults living in a marriage, civil union, or committed relationship, with or without children in the household, and without regard to individual religious beliefs of each spouse or partner.

*Child's Name	Gender	Date of Birth	School Grade as of Sept.	Secular School
_____	(M-F)	___/___/___	_____	_____
Bar/Bat Mitzvah Date (or expect to)		Confirmation Date (or expect to)		Youth Group Interest (circle one)
_____		_____		Yes No

*Child's Name	Gender	Date of Birth	School Grade as of Sept.	Secular School
_____	(M-F)	___/___/___	_____	_____
Bar/Bat Mitzvah Date (or expect to)		Confirmation Date (or expect to)		Youth Group Interest (circle one)
_____		_____		Yes No

*Child's Name	Gender	Date of Birth	School Grade as of Sept.	Secular School
_____	(M-F)	___/___/___	_____	_____
Bar/Bat Mitzvah Date (or expect to)		Confirmation Date (or expect to)		Youth Group Interest (circle one)
_____		_____		Yes No

[If more room is needed, please use the back page]

Relatives in the Congregation

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Yahrzeit Information

Observer	Name of Deceased	Relationship	English Date	Hebrew Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

[If more room is needed, please use the back page]

Do you wish to be notified by the Hebrew or English date of death? _____

In an attempt to understand your interests and expectations of Beth David Reform Congregation, please take a few minutes to fill out the following questionnaire. Thank you.

Applicant's Name _____

Co-Applicant's Name _____

- How did you hear about Beth David Reform Congregation? _____

- Prior Synagogue Affiliation _____

- Dates of Affiliation _____
- I give Beth David Reform Congregation permission to obtain my membership records from my previous synagogue (please sign)

- Are there any special needs, or remarks you would like to share with Beth David Reform Congregation?

I hereby apply for membership in Beth David Reform Congregation. As a member, I agree to remain a member in good standing by paying the annual dues (if applicable), religious school fees, building fund, and any other assessments as fixed by the Board of Trustees. I agree to abide by the bylaws of Beth David Reform Congregation. Synagogue membership entitles me and my family to all the rights and privileges reserved for membership, including admission to all High Holiday services.

Date _____

Signature _____

Date _____

Signature _____

Please note, at least 25% of dues and 100% of Religious School fees must be paid in order to receive High Holy Day tickets. The entire balance is due by the end of each calendar year.

Beth David Reform Congregation is an intimate, caring and vibrant community for Reform Jewish worship, learning and personal growth. Our aim is to have active participation by all our members and to be an inclusive congregation. Beth David and its Religious School offer a wide range of spiritual and educational programs. We are dedicated to Torah, social action, תיקון עולם *tikkun olam* (repairing the world), צדקה *zedakah* (charity), the Jewish people and the State of Israel. Our mission is to inspire a life-long Commitment to Judaism and provide a place to celebrate our Jewish lives together, לדור לדור *l'dor v'dor* – from generation to generation.

Beth David Mission Statement

So that we may better serve you, please indicate your areas of interest within Beth David:

- | | | |
|--|--|--|
| <input type="checkbox"/> ADULT EDUCATION | <input type="checkbox"/> YOUTH EDUCATION | <input type="checkbox"/> WORSHIP AND RITUAL |
| <input type="checkbox"/> SOCIAL ACTION | <input type="checkbox"/> ISRAEL | <input type="checkbox"/> FUNDRAISING |
| <input type="checkbox"/> FRIEND-RAISING | <input type="checkbox"/> INTERFAITH FAMILIES | <input type="checkbox"/> LEADERSHIP DEVELOPMENT |
| <input type="checkbox"/> TORAH STUDY | <input type="checkbox"/> BETH DAVID MEN | <input type="checkbox"/> WOMEN OF REFORM JUDAISM |

Please use the space below for any additional information.

Thank you for your interest in Beth David Reform Congregation. We look forward to celebrating with you and your family.

