

CONGREGATION BETH TIKVAH
 115 EVESBORO-MEDFORD ROAD, MARLTON, NEW JERSEY 08053
 856-983-8090 OFFICE@BTIKVAH.ORG

Date: _____

NEW MEMBER APPLICATION FORM

	Applicant 1	Applicant 2
Last Name		
First Name		
Hebrew Name		
Date of Birth		
If married, date:		
Address		
Home Phone		
Cell Phone		
Email		
Occupation & business phone		
In which branch of Judaism were you raised?	Conservative / Orthodox / Reform / Reconstructionist / Not observant <input type="checkbox"/> Not raised Jewish – specify other religion, if any:	Conservative / Orthodox / Reform / Reconstructionist / Not observant <input type="checkbox"/> Not raised Jewish – specify other religion, if any:
If Jewish, are you:	Cohen / Levite / Israelite	Cohen / Levite / Israelite
If not born Jewish, are you a Jew by choice?	<input type="checkbox"/> No <input type="checkbox"/> Yes Conversion Date: By Whom:	<input type="checkbox"/> No <input type="checkbox"/> Yes Conversion Date: By Whom:

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 and relationship:

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

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Applicants 1 and 2 continued:

- Can you read Torah or 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:

- | | | | | |
|--|-------------------------------------|-------------------------------------|---|--------------------------------|
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Ritual | <input type="checkbox"/> School | <input type="checkbox"/> Bingo |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Membership | <input type="checkbox"/> Library | <input type="checkbox"/> Building & Grounds | |
| <input type="checkbox"/> Social Action | <input type="checkbox"/> Sisterhood | <input type="checkbox"/> Men's Club | <input type="checkbox"/> Publicity | <input type="checkbox"/> Youth |
| <input type="checkbox"/> 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

YAHRTZEIT LIST

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, it is necessary to provide the date, year and time of day – a.m. or p.m. Thank you.

Please return the completed form to the CBT office.