

Beth Torah Membership Application

Please complete and return to the Synagogue Office:

Beth Torah
6700 Adelphi Road
Hyattsville, MD 20782
(301) 927-5525

Applicant's Name		Date of Birth	
Spouse's Name		Date of Birth	
Street Address		Home Phone	Work Phone
City, State		Zipcode	Spouse's Work
Marital Status		Anniversary Date (if married)	
Your Occupation		Spouse's Occupation	
Child(ren):		Date(s) of Birth:	
_____		_____	
_____		_____	
_____		_____	
Memorial Information			
Name	Relationship	Yahrzeit Date	Plaque *
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
*Write "yes" if a plaque is already in our Memorial Alcove; write "contact me" if you would like to order a plaque.			
Interests			
Adult Education _____	Fund Raising _____	Kitchen _____	
Building and Grounds _____	Leading Services _____	Torah Reading _____	
Choir _____	Membership _____	Family Activities _____	
Religious School _____	Good & Welfare _____	Other (specify) _____	
Please indicate the types of activities you prefer to attend:			
Hebrew Proficiency			
Applicant _____		Spouse _____	
We prefer to pay our dues:		Monthly Payments _____	Single Payment _____
Applicant's Signature _____		Spouse's Signature (if applicable) _____	

For Office Use Only: Database _____ Notify _____ Birthdays _____ Anniversary _____ Letter _____

Distribution: Rabbi _____ President _____ Membership Chair _____ Financial Secretary _____ Interest Areas _____