



Temple Beth El of Williamsburg
 600 Jamestown Road Williamsburg, VA 23185 (757) 220-1205
 PO Box 3640, Williamsburg, VA 23187

Membership Application 2023/2024

Welcome to Temple Beth El of Williamsburg, we are delighted that you have decided to join us. Please call our office if you have any questions or need assistance in filling out this application.

Applicant 1				
Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Hon. <input type="checkbox"/> Rabbi <input type="checkbox"/> Other				
Last name:		First name:		Middle:
If no changes since 2022/2023, check here <input type="checkbox"/>				
Date of birth:		<input type="checkbox"/> Single <input type="checkbox"/> Married (Anniversary _____) <input type="checkbox"/> Partnered <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Hebrew name (if known)		ben/bat		v
Home address - Street:			Apt #:	
City:		State:		Zip:
<u>Home phone</u>	<u>Work phone</u>	<u>Cell phone</u>	<u>Email</u>	
Special accommodations needed:				
<input type="checkbox"/> Visual impairment <input type="checkbox"/> Auditory impairment <input type="checkbox"/> Physical challenge <input type="checkbox"/> Other (specify)				
Applicant 2				
Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Hon. <input type="checkbox"/> Rabbi <input type="checkbox"/> Other				
Last name:		First name:		Middle:
Date of birth:		<input type="checkbox"/> Single <input type="checkbox"/> Married (Anniversary _____) <input type="checkbox"/> Partnered <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Hebrew name (if known)		ben/bat		v
Home address - Street:			Apt #:	
City:		State:		Zip:
<u>Home phone</u>	<u>Work phone</u>	<u>Cell phone</u>	<u>Email</u>	
Special accommodations needed:				
<input type="checkbox"/> Visual impairment <input type="checkbox"/> Auditory impairment <input type="checkbox"/> Physical challenge <input type="checkbox"/> Other (specify)				
Children in Household				
First name	Last name	Gender (M/F)	Date of Birth	
Children living away				
First name	Last name	Gender (M/F)	Date of Birth	
Emergency contact information				
Name	Phone	Email	Relationship	
Yahrzeit Information - Members receive annual notice of the Jewish yahrzeit date, in accordance with the Hebrew calendar. Please note that the Jewish date will fall on different dates on the Gregorian calendar from year to year. The names of deceased loved ones will be read at the appropriate Shabbat services and Yizkor Memorial Service on Yom Kippur.				
Name	Relationship	Gregorian Date of Death	After Sundown?	Jewish Yahrzeit Date

Signature: _____

Date: _____