

CONGREGATION B'NAI EMMUNAH

A Full Service Reform Synagogue

3374 Keystone Road, Tarpon Springs, Florida 34689 (727) 938-900

APPLICATION FOR MEMBERSHIP

Date of application: _____

We, the following, would like to become members of the Temple Family of Congregation B'nai Emmunah

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____

City, State, Zip _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email address: _____

Your Hebrew Name: _____ Date of Birth: _____ Sex: Male ___ Female ___

Hebrew Names of your Father _____ & Mother _____

Spouse or Significant Other:

Anniversary Date: _____

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____

City, State, Zip _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email address: _____

Hebrew Name: _____ Date of Birth: _____ Sex: Male ___ Female ___

Hebrew Names of your Father _____ & Mother _____

Children:

Last Name: _____ First Name: _____ Middle Name: _____

Hebrew Name: _____ Date of Birth: _____ Sex: Male ___ Female ___

Last Name: _____ First Name: _____ Middle Name: _____

Hebrew Name: _____ Date of Birth: _____ Sex: Male ___ Female ___

Last Name: _____ First Name: _____ Middle Name: _____

Hebrew Name: _____ Date of Birth: _____ Sex: Male ___ Female ___

Last Name: _____ First Name: _____ Middle Name: _____

Hebrew Name: _____ Date of Birth: _____ Sex: Male ___ Female ___

FOR OFFICIAL USE ONLY: DATE SUBMITTED: _____

Yahrzeits

1. English Name: _____ Hebrew Name: _____
 Relationship: _____ Secular Date of Death: _____ Hebrew Date of Death: _____

2. English Name: _____ Hebrew Name: _____
 Relationship: _____ Secular Date of Death: _____ Hebrew Date of Death: _____

3. English Name: _____ Hebrew Name: _____
 Relationship: _____ Secular Date of Death: _____ Hebrew Date of Death: _____

4. English Name: _____ Hebrew Name: _____
 Relationship: _____ Secular Date of Death: _____ Hebrew Date of Death: _____

5. English Name: _____ Hebrew Name: _____
 Relationship: _____ Secular Date of Death: _____ Hebrew Date of Death: _____

6. English Name: _____ Hebrew Name: _____
 Relationship: _____ Secular Date of Death: _____ Hebrew Date of Death: _____

COMMITTEES AND SERVICES

We have many committees and services we perform that can use your assistance. Below is a list of the committees and services we provide. If you would like more information or want to volunteer to be on a committee or help with the services we provide please indicate below and someone will contact you.

COMMITTEES: Membership, Fundraising, Hospitality, Building, Brotherhood, Sisterhood, Youth Group, Religious Practices, Budget and Finance, Chavurah

SERVICES WE PROVIDE: Soup Kitchen (volunteers man weekly), High Holidays Outreach. Paint Your Heart Out, Mitzvah Day, Grounds Clean Up.

Your interests are: _____

Someone from the committee or service you select will contact you shortly. If you do not hear from someone within two weeks please feel free to call the Temple and inquire.

How did you hear about Congregation B'nai Emmanah?

FOR OFFICIAL USE ONLY: DATE SUBMITTED: _____