



"The Temple with a Heart"

TEMPLE BETH EMET OF BURBANK

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Membership Application

Membership information is used to enhance your membership experience and to contact you about topics in which you have expressed an interest. We will not sell, share, rent, or otherwise disclose this information to other parties, unless required by law.

ADULTS IN HOUSEHOLD	MEMBER 1	MEMBER 2
FIRST & LAST NAME:		
STREET ADDRESS		
CITY, STATE ZIP		
HOME PHONE		
WORK PHONE		
CELL PHONE		
E-MAIL ADDRESS		
BIRTHDAY MONTH & DAY		
ANNIVERSARY MONTH & DAY		
OCCUPATION		
EMPLOYER		
INTERESTS	<input type="checkbox"/> Conversion <input type="checkbox"/> Adult Education <input type="checkbox"/> Sisterhood <input type="checkbox"/> Book Club <input type="checkbox"/> Adult Choir <input type="checkbox"/> Other: _____	<input type="checkbox"/> Conversion <input type="checkbox"/> Adult Education <input type="checkbox"/> Sisterhood <input type="checkbox"/> Book Club <input type="checkbox"/> Adult Choir <input type="checkbox"/> Other: _____

CHILDREN IN HOUSEHOLD	CHILD 1	CHILD 2	CHILD 3
FIRST & LAST NAME			
HEBREW NAME			
BIRTHDAY			
BAR/BAT MITZVAH DATE, IF APPLICABLE			
CHILD'S GRADE			

YAHARZEIT RECORD: Please list names and dates of loved ones for whom you wish remembrance notices sent.			
RELATIONSHIP	FIRST & LAST NAME	DATE OF DEATH	DATE OBSERVED
			<input type="checkbox"/> Jewish <input type="checkbox"/> Secular
			<input type="checkbox"/> Jewish <input type="checkbox"/> Secular
			<input type="checkbox"/> Jewish <input type="checkbox"/> Secular
			<input type="checkbox"/> Jewish <input type="checkbox"/> Secular

Temple Beth Emet welcomes everyone who wishes to become a member, regardless of the ability to pay. If you need to discuss reduced fees, please complete a **Dues Reduction Request Form**. All requests will be held in strict confidence. Finances are not a barrier to membership. Membership dues is currently \$_____per_____and are listed on our Fee Sheet

DATE JOINED:	FIRST BILL:
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