



MEMBERSHIP APPLICATION

Beth Judah Temple
P.O. Box 1183
Wildwood, New Jersey 08260
609 522-7541

Adult Member (A)	Adult Member B
Name _____ First M.I. Last	Name _____ First M.I. Last
Preferred Prefix (Mr. Ms. Mrs. Dr. etc) _____	Preferred Prefix (Mr. Ms. Mrs. Dr. etc) _____
Hebrew Name _____	Hebrew Name _____
Gender/Preferred Pronoun _____	Gender/Preferred Pronoun _____
DOB _____ Occupation _____	DOB _____ Occupation _____
Employer _____	Employer _____
Preferred Phone _____	Preferred Phone _____
Other Phone _____	Other Phone _____
Email _____	Email _____
Emergency Contact _____	Emergency Contact _____
Phone _____ Relationship _____	Phone _____ Relationship _____
Wedding Date (if applicable) _____/_____/_____ Month Day Year	Wedding Date (if applicable) _____/_____/_____ Month Day Year

Permanent Address

Street _____ City _____ Zip _____

Cape May County Address

Street _____ City _____ Zip _____

CHILDREN

Name _____ First M.I. Last	Name _____ First M.I. Last
Preferred Name _____	Preferred Name _____
Hebrew Name _____	Hebrew Name _____
DOB _____ Current Grade _____	DOB _____ Current Grade _____
School _____	School _____

PLEASE CONTACT THE OFFICE IF YOU ARE SEEKING RELIGIOUS INSTRUCTION FOR YOUR CHILDREN

YAHREZITS

Name _____	Name _____
Relationship _____	Relationship _____
Date of Death _____	Date of Death _____
Name _____	Name _____
Relationship _____	Relationship _____
Date of Death _____	Date of Death _____
Attach additional sheets if necessary	Attach additional sheets if necessary

OTHER INFORMATION

Adult Member (A) Please check ____ Jewish by birth ____ Not Jewish ____ Jewish by Choice Anything you want us to know about you? _____ _____ _____ _____ _____ Have you ever been a member of Beth Judah Temple? _____	Adult Member (B) Please check ____ Jewish by birth ____ Not Jewish ____ Jewish by Choice Anything you want us to know about you? _____ _____ _____ _____ _____ Have you ever been a member of Beth Judah Temple? _____
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Mission Statement

The mission of Beth Judah Temple is to provide a welcoming, spiritual and inclusive home in which to preserve, cultivate and enhance Judaism in Cape May County by serving as a place of prayer, a place of study, and a place of community.

Membership Dues

In recognition of dual addresses for many of our members, and dual memberships in synagogue life, Beth Judah offers both full membership to those who are unaffiliated with another synagogue, as well as a discounted dues structure for those who maintain another membership.

If you are applying for membership at Beth Judah as a Associate Member, please indicate the name of the synagogue where you are a full member _____

City _____ Phone Number _____

I am applying for Full Membership as an individual \$450 _____

I am applying for Full Membership as a family \$900 _____

I am applying for Associate Membership for myself \$225 _____

I am applying for Associate Membership for my family \$450 _____

Dues are payable at the time of application. Contact President for special arrangements.

Beth Judah does not have a Building Fund, however, donations in support of our historic building for maintenance and upkeep are always appreciated.

I would like to add a donation toward maintenance of the Beth Judah Synagogue in the amount of \$ _____

Total Submitted \$ _____

Signature, Member A

Signature, Member B

Please make checks payable to Beth Judah Temple P.O. Box 1183 Wildwood, NJ 08260

A member of the Membership Committee will be contacting you to answer any questions, make you aware of our calendar of events and how you can become involved.

Welcome to the Beth Judah Temple Family

