



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? _____ _____ |
|---|---|

Associate - Individual \$225

Associate - Family \$450

Full - Individual \$450

Full - Family \$900

NEEDS MEMBERSHIP RATES, AND LAST PAGE WITH MISSION/VISION SIGNATURES