

**APPLICATION FOR AFFILIATION**

(PLEASE PRINT)

Single     Family

We ask you to complete this application so that we can better understand and serve your needs.

Adult #1

Title (circle one)    Mr.    Miss    Mrs.    Ms.    Dr.

Name \_\_\_\_\_

Hebrew Name \_\_\_\_\_ ben/bat \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Marital Status:    Married \_\_\_\_\_    Divorced \_\_\_\_\_    Single \_\_\_\_\_    Widowed \_\_\_\_\_

Adult #2

Title (circle one)    Mr.    Miss    Mrs.    Ms.    Dr.

Name \_\_\_\_\_

Hebrew Name \_\_\_\_\_ ben/bat \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Wedding Anniversary:    \_\_\_/\_\_\_/\_\_\_, (if applicable)

Yahrzeit Information

Please check appropriate box of which date you wish to observe, Hebrew or English.

Name	Relationship	Date of Death - English	Date of Death - Hebrew
		<b>G</b>	<b>G</b>
		<b>G</b>	<b>G</b>
		<b>G</b>	<b>G</b>
		<b>G</b>	<b>G</b>
		<b>G</b>	<b>G</b>

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By signing this application, I agree to the following:

- All individuals applying for Affiliation are residents of a Senior Residence Facility, Assisted Living Facility or Nursing Home.
- At least one applicant for affiliation must be of the Jewish faith, as required by the by-laws of Temple Beth El Israel.
- Affiliation entitles adults to full membership privileges.
- I will pay the Affiliation Dues (billed annually and due in full by June 30 of the billing year).

Single Affiliation: \$50; Family Affiliation: \$75, check must accompany application.

Signed \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Signed \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_