



# Beth Tikvah Synagogue

45 Oak Tree Rd / Westborough, MA / 01581 / 508-616-9037/ www.bethtikvahsynagogue.org

## MEMBERSHIP FORM FOR ADULTS (please print)

Thank you for providing the requested information below. This will help us get to know you better!

Last Name	First Name	MI	Last Name	First Name	MI
Please circle one: I am Jewish by birth I am Not Jewish			Please circle one: I am Jewish by birth I am Not Jewish		
Address			Address		
City	State	Zip	City	State	Zip
Home Phone	Email Address		Home Phone	Email Address	
Cell Phone	Birthdate		Cell Phone	Birthdate	
Marital Status	Wedding Date		Marital Status	Wedding Date	
My Hebrew Name			My Hebrew Name		
Mother's English and Hebrew Name			Mother's English and Hebrew Name		
Father's English and Hebrew Name			Father's English and Hebrew Name		
Job Title / Occupation			Job Title / Occupation		
Business Phone and Email address			Business Phone and Email address		

## CHILDREN LIVING AT HOME AGE 25 OR UNDER (Category A or B)

Last Name	First Name	MI	Last Name	First Name	MI
Hebrew Name			Hebrew Name		
Birthdate	Grade		Birthdate	Grade	
Do you intend to enroll your child in Beth Tikvah's Religious School? ____ YES ____ NO			Do you intend to enroll your child in Beth Tikvah's Religious School? ____ YES ____ NO		

Last Name	First Name	MI	Last Name	First Name	MI
Hebrew Name			Hebrew Name		
Birthdate	Grade		Birthdate	Grade	
Do you intend to enroll your child in Beth Tikvah's Religious School? ____ YES ____ NO			Do you intend to enroll your child in Beth Tikvah's Religious School? ____ YES ____ NO		

## MEMBERSHIP CATEGORY

Category A \_\_\_\_\_ Category B \_\_\_\_\_ Category C \_\_\_\_\_ Category D \_\_\_\_\_ Category E \_\_\_\_\_

Please check if you DO NOT want your information included in the directory \_\_\_\_\_