



TEMPLE B'NAI ISRAEL

2025 Cypress Drive | White Oak, PA 15131

Rabbi Howard Stein

412-678-6181

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MEMBERSHIP APPLICATION

Please complete and return with first year's dues

Date of Application _____

Family Name _____

Home Address _____
Street **City** **State** **Zip**

Home Phone _____

Cell Phone #1 _____

Cell Phone # 2 _____

Other Phone # _____

E-Mail Address #1 _____

E-Mail Address #2 _____

Applicant 1

Name _____

Mr./Mrs./Ms./Dr./Other _____

Hebrew Name _____

Father's Hebrew Name _____

Mother's Hebrew Name _____

Read/Write Hebrew Yes No

Read Torah/ Haftarah Yes No

Preferred Gender Pronoun He/Him/His

She/Her/Hers

They/Them/Their

Applicant 2

Name _____

Mr./Mrs./Ms./Dr./Other _____

Hebrew Name _____

Father's Hebrew Name _____

Mother's Hebrew Name _____

Read/Write Hebrew Yes No

Read Torah/ Haftarah Yes No

Preferred Gender Pronoun He/Him/His

She/Her/Hers

They/Them/Their

Birthday 1 (d/m/y) _____

Birthday 2 (d/m/y) _____

Anniversary _____

Note We welcome non-Jewish partners and encourage them to participate in the life of our community. If you have questions or concerns in this area, feel free to contact the Rabbi or the Temple office.

Membership Directory

This directory would be made available to the entire congregation.

Please do not include our information in a printed membership directory

Children

Name _____

Hebrew Name _____

Birth date _____

Grade _____

Name _____

Hebrew Name _____

Birth date _____

Grade _____

Name _____

Hebrew Name _____

Birth date _____

Grade _____

Yahrzeit Information

Name _____ Relationship _____

English date (m/d/y) _____ Hebrew date (if known) _____

Name _____ Relationship _____

English date (m/d/y) _____ Hebrew date (if known) _____

Name _____ Relationship _____

English date (m/d/y) _____ Hebrew date (if known) _____

Name _____ Relationship _____

English date (m/d/y) _____ Hebrew date (if known) _____

Name _____ Relationship _____

English date (m/d/y) _____ Hebrew date (if known) _____

How did you learn about Temple B'nai Israel?

Why do you want to join Temple B'nai Israel?

I/we understand and accept the agreed dues and fees associated with membership, subject to adjustment by the Board of Directors at any time. I/we understand that I/we are obligated to pay all dues and fees for each year of my/our membership in the synagogue.

Signature _____ Date _____

Signature _____ Date _____

For Office Use Only

Date Received _____ Dues \$ _____

Board Approval _____ Date _____

Rabbi Approval _____ Date _____