Temple Beth El of Williamsburg

600 Jamestown Road Williamsburg, VA 23185 (757) 220-1205
PO Box 3640,Williamsburg,VA 23187

Membership Application 2025/2026

Welcome to Temple Beth El of Williamsburg, we are delighted that you have decided to join us. Please call our office if you have any questions or need assistance in filling out this application.

Applicant 1

Title: □ Mr. □ Mrs. □ Ms. □ Dr. □ Hon. □ Rabbi □ Other

Last name: First name: Middle:

If no changes since 2024/2025, check here □

Date of birth: □ Single □ Married (Anniversary _____) □ Partnered □ Divorced □ Widowed

Hebrew name (if known) ben/bat v.

Home address - Street: Apt #:

City: State: Zip:

Home phone	Work phone	Cell phone	Email

Special accommodations needed:
□ Visual impairment □ Auditory impairment □ Physical challenge □ Other (specify)

Applicant 2 Title:

□ Mr. □ Mrs. □ Mr. □ Dr. □ Hon. □ Rabbi □ Other

Last name: First name: Middle

Date of birth: □ Single □ Married (Anniversary _____) □ Partnered □Divorced □ Widowed

Hebrew name (if known) ben/bat v

Home address - Street: Apt #:

City: State: Zip:

Home phone	Work phone	Cell phone	Email

Special accommodations needed:
□ Visual impairment □ Auditory impairment □ Physical challenge □ Other (specify)

Children in Household

First name	Last name	Gender (M/F)	Date of Birth

Children living away

First name	Last name	Gender (M/F)	Date of Birth

Emergency contact information

Name	Phone	Email	Relationship

YAHRZEIT INFORMATION - Members receive annual notice of the Jewish yahrzeit date, in accordance with the Hebrew calendar. **Please note that the Jewish date will fall on different dates on the Gregorian calendar from year to year.** The names of deceased loved ones will be read at the appropriate Shabbat services and Yizkor Memorial Service on Yom Kippur.

Name	Relationship	Gregorian Date of Death	After Sundown?	JewishYahrzeitDate

Signature: **Date:**