



# TEMPLE BETH TORAH

35 BAGATELLE ROAD  
MELVILLE NY 11747  
(631) 643 1200



We are very pleased that you have chosen to join Temple Beth Torah of Melville founded in 1957 and affiliated with the Union for Reform Judaism. To further your full involvement in the life of the congregation, we ask that you complete this application and information form.

**Family Name:** \_\_\_\_\_ **Application Date** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Home Phone #:** \_\_\_\_\_ **Zip** \_\_\_\_\_

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

**Wedding Anniversary Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Applicant 1

Applicant 2

<b>Last Name</b>	_____	_____
<b>First name</b>	_____	_____
<b>Title</b>	_____	_____
<b>Date of Birth</b>	_____	_____
<b>Cell Phone</b>	_____	_____
<b>Email</b>	_____	_____
<b>Occupation</b>	_____	_____
<b>Business Name</b>	_____	_____
<b>Business Address</b>	_____	_____
<b>Business Phone</b>	_____	_____
<b>Business Email</b>	_____	_____
<b>Jewish ?</b>	Yes _____ No _____	Yes _____ No _____
<b>Hebrew Name</b>	_____	_____

**Previous Synagogue/Temple/JCC Affiliation** \_\_\_\_\_

**How did you learn about Temple Beth Torah?** \_\_\_\_\_

**Are you related to anyone currently a partner of TBT? Whom? What Relation?**

\_\_\_\_\_



# Temple Beth Torah

Member of the Union for Reform Judaism

35 Bagatelle Road  
Melville, NY 11747  
Voice: (631) 643-1200  
Fax: (631) 643-3011  
e-mail: [admin@tbtny.org](mailto:admin@tbtny.org)  
website: [www.tbtny.org](http://www.tbtny.org)



## Charge Authorization Form

**3% Surcharge Will Be  
Added on All  
Credit Card Transactions  
No Charge for Debit Card or ACH**

### Billing Information:

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Debit Card or Credit Card (circle 1)

Amount \$ \_\_\_\_\_

3% Fee \$ \_\_\_\_\_

**Total Charge \$** \_\_\_\_\_

Type of Card:  Mastercard  Visa  Amex  Discover

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

CVV\*: \_\_\_\_\_

\*CVV is the last 3 digits on the back of your card. For AMEX  
it is the 4-digit code on the front

ACH Charge  Checking  Savings

Routing # \_\_\_\_\_

Account # \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

Print Name: \_\_\_\_\_

Date \_\_\_\_\_

By signing this form you authorize Temple Beth Torah to charge your credit card or ACH your account 12 equal payments on the first of every month for all dues, fees and other charges due and payable to TBT.

\*\* PLEASE NOTE: If your CC expires prior to June 30, 2024 you will be contacted to complete another form with your updated information.\*\*