



Application for Membership 2017 - 2018

**Welcome to Congregation Beth Shalom.
We are happy to have you as a part of our
synagogue family**



I hereby make application to Congregation Beth Shalom (Please type or print):

Date of Application _____

APPLICANT

SPOUSE (if applicable)

Name: _____
 First Middle Last

Name: _____
 First Middle Last

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

Phone #: _____
 Home Cell

Phone #: _____
 Home Cell

Email _____

Email _____

Date of Birth: _____

Date of Birth: _____

Hebrew Name (Transliterated) _____
 ben/bat _____

Hebrew Name (Transliterated) _____
 bat/ben _____

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

Business Phone: _____

Business Phone: _____

Father's English Name: _____

Father's English Name: _____

Father's Hebrew Name: _____
 ben _____

Father's Hebrew Name: _____
 ben _____

Is your father a Cohen, Levi or Yisrael (circle one)

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Mother's English Name: _____

Mother's English Name: _____

Mother's Hebrew Name: _____
 bat _____

Mother's Hebrew Name: _____
 bat _____

Name of former synagogue affiliation:
Name: _____

Name of former synagogue affiliation:
Name: _____

City: _____

City: _____

Month/Year Left: _____

Month/Year Left: _____

Is your mother Jewish by birth? Yes No
Did she convert before your birth? Yes* No
Are you a convert to Judaism? Yes* No

Is your mother Jewish by birth? Yes No
Did she convert before your birth? Yes* No
Are you a convert to Judaism? Yes* No

If yes, please forward a copy of the conversion Documents to the attention of the Rabbi

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Marital Status: ___ Married ___ Single ___ Divorced ___ Widowed
Wedding Anniversary Date (month/day/year) : _____

CHILDREN

English Name:	Hebrew Name: In English	Birthdate:	Public School Grade	Hebrew School Grade	Check if Child is Adopted:
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

YAHARZEIT INFORMATION

English Name:	Hebrew Name: In English	Relationship	English Date of death mo/day/year	Check if died after sundown:
_____	bat/ben	_____	_____	_____
_____	bat/ben	_____	_____	_____
_____	bat/ben	_____	_____	_____
_____	bat/ben	_____	_____	_____
_____	bat/ben	_____	_____	_____
_____	bat/ben	_____	_____	_____

Are you Interested in serving on any of the following committees?

Ritual _____ Education _____ Membership _____ Fundraising _____ Youth Commission _____
 Chesed _____ Chevra Kadisha _____ Programming _____ Pre-School _____
 House & Grounds Committee _____ Daily Minyan _____ Social Action _____
 Other _____

Any Special interests or talents to share with us:

We need volunteers to:

____ Serve as usher during services ____ Chant Torah ____ Chant Haftorah ____ Education Committee
 ____ Daven Shacharit or Musaf ____ Lead Sunday am or daily Minyan ____ Help with Jr. Congregation
 ____ Help with Children's Services ____ Sisterhood ____ Men's Club ____ Choir

CONGREGATION BETH SHALOM
Financial Commitment Form

Read the following carefully and fill in the required information.

1. Our fiscal year runs from July 1 to June 30th. Your financial commitment will apply from now until June 30th. Dues and other financial obligations to the synagogue may be paid monthly, semi-annually or annually. (Please be sure to indicate your preference)
2. The dues schedule for this year is attached. Please check below your category. Refer to the copy of the Dues Schedule for definitions of membership categories and dues rates.

- | | |
|---|---|
| <input type="checkbox"/> Double Chai Membership | <input type="checkbox"/> Jr. Single Membership (under 31) |
| <input type="checkbox"/> Chai Membership | <input type="checkbox"/> Young Single Membership (age 31-35) |
| <input type="checkbox"/> Full Family Membership (age 36-64) | <input type="checkbox"/> Single Membership (age 36-64) |
| <input type="checkbox"/> Single Parent Membership | <input type="checkbox"/> Single Senior Citizen (age 65 & older) |
| <input type="checkbox"/> Senior Citizen Family Membership
(over 65) | <input type="checkbox"/> Associate Membership*
This requires full dues paying membership
at another synagogue. Please list the
name and address of Synagogue |
| <input type="checkbox"/> Young Family Membership
(older spouse 31-35) | _____ |
| <input type="checkbox"/> Jr. Family Membership
(older spouse under 31) | _____ |
| | _____ |

3. In order to receive High Holy Day tickets, payment of 20% of current year's dues is required.

I wish to pay dues and applicable building fund:

- () Annually
- () Semi-Annually
- () In equal monthly payments
- () Other (please indicate on separate sheet; subject to office approval)

4. Building Fund & Other Fees as detailed on attached Dues Schedule

I (we) agree to pay the above stated fees (appropriate dues, building fund and religious school) for the year 2017-2018 as indicated on this form.

Applicant

Spouse

Date _____

Enclosed is my check for \$ _____

Membership is renewed automatically each July 1st. To terminate your membership, you must submit a resignation in writing to the synagogue office . All balances due are an obligation of membership and are collectable. This form is an integral part of our accounting system. It must be signed upon application.