



# Membership Application



**Please provide all information that applies to you and your family.**

Name(s): \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Home Fax: \_\_\_\_\_



## Applicant's Information

## Spouse/Partner's Information

I prefer to be called: \_\_\_\_\_

I prefer to be called: \_\_\_\_\_

Title:  Mr.  Ms.  Mrs.  Miss  
 Dr.  The Honorable  Prof.  
 Other \_\_\_\_\_

Title:  Mr.  Ms.  Mrs.  Miss  
 Dr.  The Honorable  Prof.  
 Other \_\_\_\_\_

Hebrew Name: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_

Kohen  Levi  Yisroel

Kohen  Levi  Yisroel

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Business Name & Address: \_\_\_\_\_  
\_\_\_\_\_

Business Name & Address: \_\_\_\_\_  
\_\_\_\_\_

Marital Status:

Marital Status:

married Date: \_\_\_\_\_

married Date: \_\_\_\_\_

single  divorced  widowed

single  divorced  widowed

Check if you:

Check if you:

Read Hebrew  Read Torah  
 Chant Haftarah  Lead Services

Read Hebrew  Read Torah  
 Chant Haftarah  Lead Services

Bar/Bat Mitzvah Date: \_\_\_\_\_

Bar/Bat Mitzvah Date: \_\_\_\_\_

Confirmation Date: \_\_\_\_\_

Confirmation Date: \_\_\_\_\_



**Applicant's Personal Interests**

Positions held in previous congregations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Synagogue activities you would be interested in:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hobbies and other interests:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Spouse/Partner's Personal Interests**

Positions held in previous congregations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Synagogue activities you would be interested in:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hobbies and other interests:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Children:**

Name	_____	_____	_____
Hebrew Name	_____	_____	_____
Age	_____	_____	_____
Birth Date	_____	_____	_____
School Grade	_____	_____	_____
B'nai Mitzvah Date	_____	_____	_____
Confirmation Date	_____	_____	_____

List any other persons living in your household and explain their relationship: \_\_\_\_\_

\_\_\_\_\_

**Emergency Contacts:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Relatives who are currently members of CBI:**

Name(s) \_\_\_\_\_ is/are my \_\_\_\_\_

Name(s) \_\_\_\_\_ is/are my \_\_\_\_\_

Name(s) \_\_\_\_\_ is/are my \_\_\_\_\_

Name(s) \_\_\_\_\_ is/are my \_\_\_\_\_

Name(s) \_\_\_\_\_ is/are my \_\_\_\_\_

**Yahrzeits:**

Name	Relationship to You	English Date	Hebrew Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- We hereby apply for a **Household Membership** to Congregation Beth Israel and subscribe to annual dues of \$\_\_\_\_\_, a Building Fund Pledge of \$1,000 to be paid over a five (5) year period, and the annual USCJ Membership Assessment.
- I hereby apply for an **Individual Membership** to Congregation Beth Israel and subscribe to annual dues of \$\_\_\_\_\_, a Building Fund Pledge of \$1,000 to be paid over a five (5) year period, and the annual USCJ Membership Assessment.
- My non-Jewish spouse/partner is also interested in becoming an **Affiliate Member**.
- I (We) hereby apply for an **Associate Membership** to Congregation Beth Israel and pledge annual dues of \$275. I am currently a member in good standing at:

Synagogue/Temple: \_\_\_\_\_

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

Applicant: \_\_\_\_\_  
SIGNATURE DATE

Spouse: \_\_\_\_\_  
SIGNATURE DATE

Membership Committee: \_\_\_\_\_  
SIGNATURE DATE

Board Approval: \_\_\_\_\_  
SIGNATURE DATE