



congregation beth shalom

354 maitland avenue | teaneck, nj 07666-3026

(201) 833-2620 | (201) 833-2323 [fax]

www.cbsteaneck.org

MEMBERSHIP APPLICATION

I hereby apply for membership in Congregation Beth Shalom, and, if accepted, agree to abide by its Constitution and by-laws. I have been informed of the applicable dues structure and building fund obligation and building fund obligation and agree to accept the financial obligations of membership in Beth Shalom.

Membership Committee Chair

Signature of Applicant

Date

HEAD OF HOUSEHOLD (A)

HEAD OF HOUSEHOLD (B)

NAME _____

NAME _____

TITLE _____

TITLE _____

(Mr.; Mrs.; Ms.; Dr.; Rabbi; etc.)

(Mr.; Mrs.; Ms.; Dr.; Rabbi; etc.)

STREET (and apt. no.) _____

CITY _____ STATE _____ ZIP _____ - _____

HOME PHONE _____

ANSWERING MACHINE _____ VOICE MAIL _____

BUSINESS PHONE _____

BUSINESS PHONE _____

E-MAIL _____

E-MAIL _____

FAX NO. _____

FAX NO. _____

PREFERRED FIRST NAME _____

PREFERRED FIRST NAME _____

BIRTHDATE _____

BIRTHDATE _____

OCCUPATION _____

OCCUPATION _____

MARITAL STATUS _____

ANNIVERSARY DATE (mm/dd/yyyy) _____

PREFERRED FORM OF FAMILY TITLE _____

(Mr.; Mrs.; Ms.; Mr. & Mrs.; Rabbi & Mrs.; Dr. & Dr.; etc.)

NAME AND COMMUNITY OF PREVIOUS CONGREGATION: _____

Orthodox, Conservative, Reform, Reconstructionist, Other _____

REASONS FOR JOINING BETH SHOLOM _____

CHILDREN

(1)

NAME _____
PREFERRED NAME _____
PHONE _____
MARITAL STATUS _____ SEX _____
BIRTHDATE _____
SCHOOL _____
GRADE IN SCHOOL _____
E-MAIL _____

(3)

NAME _____
PREFERRED NAME _____
PHONE _____
MARITAL STATUS _____ SEX _____
BIRTHDATE _____
SCHOOL _____
GRADE IN SCHOOL _____
E-MAIL _____

(2)

NAME _____
PREFERRED NAME _____
PHONE _____
MARITAL STATUS _____ SEX _____
BIRTHDATE _____
SCHOOL _____
GRADE IN SCHOOL _____
E-MAIL _____

(4)

NAME _____
PREFERRED NAME _____
PHONE _____
MARITAL STATUS _____ SEX _____
BIRTHDATE _____
SCHOOL _____
GRADE IN SCHOOL _____
E-MAIL _____

Are all listed family members born to a Jewish mother or converted to Judaism? (Y or N) _____

Have any listed family members been adopted? (Y or N) _____

Have any listed members converted to Judaism? (Y or N) _____

INTERESTS

NAME _____

___ ADULT EDUCATION
___ YOUTH COMMITTEE
___ CHILDREN'S PROGRAMMING (Jr. Cong.)
___ KIDDUSH COMMITTEE
___ HOUSE AND GROUNDS
___ DINNER DANCE/JOURNAL
___ MEMBERSHIP COMMITTEE
___ FUNDRAISING
___ RITUAL COMMITTEE
___ TIKKUN OLAM / SOCIAL ACTION
___ PARALLEL SERVICE
___ LIBRARY COMMITTEE
___ USHERING
___ HESED COMMITTEE
___ SISTERHOOD/MEN'S CLUB
___ HAZAK

NAME _____

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___ USHERING
___ HESED COMMITTEE
___ SISTERHOOD/MEN'S CLUB
___ HAZAK

FAMILY NAME _____

Yahrzeit Information

Name of deceased (English) _____

Date of death (Hebrew m/d/y) _____

(Civil m/dd/yyyy) _____

Relative of _____ Relationship _____

Person to be notified:

Name _____

Address _____

City _____ State _____ ZIP _____ - _____

Name of deceased (English) _____

Date of death (Hebrew m/d/y) _____

(Civil m/dd/yyyy) _____

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(Civil m/dd/yyyy) _____

Relative of _____ Relationship _____

Person to be notified:

Name _____

Address _____

City _____ State _____ ZIP _____ - _____

Synagogue Skills

Please complete for those members of the family who are currently living at home or who are college students.

Name _____

- ___ Read Torah
- ___ Read *haftorah*
- ___ Read *megillat Esther*
- ___ Read *Shir ha-Shirim, Ruth, and Kohelet*
- ___ Lead *Kabbalat Shabbat*
- ___ Lead Shabbat *shaharit*
- ___ Lead Shabbat *musaf*
- ___ Lead Shabbat *minhah*
- ___ Lead Rosh Hodesh *musaf*
- ___ Lead festival *shaharit*
- ___ Lead festival *musaf*
- ___ Lead Rosh Hashanah *musaf*
- ___ Lead Yom Kippur night
- ___ Lead Yom Kippur *musaf*
- ___ Lead *neilah*

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