



congregation beth sholom

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 Sholom, 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 Sholom.

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 \_\_\_\_\_

\_\_\_ ADULT EDUCATION  
\_\_\_ YOUTH COMMITTEE  
\_\_\_ CHILDREN'S PROGRAMMING (Jr. Cong.)  
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\_\_\_ PARALLEL SERVICE  
\_\_\_ LIBRARY COMMITTEE  
\_\_\_ 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 \_\_\_\_\_ - \_\_\_\_\_

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Person to be notified:

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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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- \_\_\_ Lead Yom Kippur *musaf*
- \_\_\_ Lead *neilah*

FAMILY NAME \_\_\_\_\_

MALE (husband)

FEMALE (wife)

NAME (English)		
NAME (Hebrew)		
FATHER'S HEBREW NAME		
MOTHER'S HEBREW NAME		
KOHEN, LEVI, or YISRAEL		

ANNIVERSARY DATE \_\_\_\_\_

HEBREW NAMES:

BIRTHDAYS:  
Month/Day/Year

1.		
2.		
3.		
4.		