

# CONGREGATION BETH ISRAEL OF THE PALISADES

## Membership Application

Application date: \_\_\_\_\_

### 1. Your data (please print):

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

☐ Kohen ☐ Levi ☐ Yisrael

Street Address: \_\_\_\_\_ Apt. No.: \_\_\_\_\_

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

Home Telephone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Fax No.: (\_\_\_\_) \_\_\_\_\_

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

Profession/Business: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Business Telephone: (\_\_\_\_) \_\_\_\_\_

Hobbies/Interests: \_\_\_\_\_

Father's name: \_\_\_\_\_ Father's Hebrew name: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Mother's Hebrew name: \_\_\_\_\_

Your secular birth date: \_\_\_\_\_ Your Hebrew birth date: \_\_\_\_\_

Date of your bar/bat mitzvah: \_\_\_\_\_ Bar/bat mitzvah parashah: \_\_\_\_\_

☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

If married, date of wedding: \_\_\_\_\_ Name of officiating rabbi: \_\_\_\_\_

If divorced, date of *Get*: \_\_\_\_\_ Name of issuing rabbi: \_\_\_\_\_

Maiden name (if applicable): \_\_\_\_\_

If you live elsewhere for part of the year:

Street Address: \_\_\_\_\_ Apt./Unit No. \_\_\_\_\_

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

Home Telephone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Fax No.: (\_\_\_\_) \_\_\_\_\_

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

Our shul's work is done by committees. Please put a check mark next to the one(s) that interest(s) you:

☐ Ritual ☐ Adult Education ☐ Youth Activities ☐ Membership ☐ Fund-Raising and Events

## 2. Spouse's data (if applicable; please print):

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

☐ Kohen      ☐ Levi      ☐ Yisrael

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Fax No.: (\_\_\_\_) \_\_\_\_\_

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

Profession/Business: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Business Telephone: (\_\_\_\_) \_\_\_\_\_

Hobbies/Interests: \_\_\_\_\_

Father's name: \_\_\_\_\_ Father's Hebrew name: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Mother's Hebrew name: \_\_\_\_\_

Spouse's secular birth date: \_\_\_\_\_ Spouse's Hebrew birth date: \_\_\_\_\_

Date of spouse's bar/bat mitzvah: \_\_\_\_\_ Bar/bat mitzvah parashah: \_\_\_\_\_

Maiden name (if applicable): \_\_\_\_\_

Please put a check mark next to the committee(s) that may interest your spouse:

☐ Ritual      ☐ Adult Education      ☐ Membership      ☐ Finance and Budget      ☐ Fund-Raising      ☐ House

☐ Social Action (Gemilut Chasadim)      ☐ Activities      ☐ Publicity

## 3. Children's data (if applicable; please print):

Secular name	Hebrew name	Secular birth date	Hebrew birth date	Married (yes/no)	Bar/Bat Mitzvah date	Jewish education level

Please check the appropriate box(es) below, sign this application and return it to us. First-year dues are requested with application. Call the office for current rates. If the dues amount is beyond your current means, you may discuss the matter with the Rabbi.

Type of Membership:      ☐ Family      ☐ Single, with children      ☐ Single, no children

☐ In addition, I am making a voluntary contribution of \$136 single/\$272 family to the Kiddush Club.

Signature: \_\_\_\_\_



# CBIOTP YAHREZEIT FORM

Your name (please print)

[illegible]