



CONGREGATION BETH SHALOM

1325 South Belcher Road ♦ Clearwater FL 33764 ♦ www.cbsclearwater.org
Established 1957

Membership Application

Welcome! We are very pleased that you have chosen to become a member of Congregation Beth Shalom – a synagogue committed to the principles and values of Conservative Judaism. Completing this application will help us get to know you and your family, so we can welcome you into our *kehillat kodesh*, a “holy congregation.”

GLAD TO MEET YOU

Adult #1

Dr. ; Mr. ; Mrs. ; Ms. ; Other _____
First Name _____ Nickname? _____
Middle /Maiden Name _____
Last Name _____
Birthdate _____
Email address _____
Cell phone number _____

Adult #2

Dr. ; Mr. ; Mrs. ; Ms. ; Other _____
First Name _____ Nickname? _____
Middle /Maiden Name _____
Last Name _____
Birthdate _____
Email address _____
Cell phone number _____

Married: Anniversary _____; Single; Separated; Divorced; Widowed; Partnered

HOME INFORMATION

Street Address _____
City _____ State _____ Zip Code _____
Home Phone #1 _____ Home phone #2 _____ Home Fax _____
Seasonal Address _____
At seasonal address from when to when? _____

BUSINESS INFORMATION

Adult #1

Position/Title _____
Employer _____
Address _____
City/State/Zip _____
Phone _____

Adult #2

Position/Title _____
Employer _____
Address _____
City/State/Zip _____
Phone _____

JEWISH GEOGRAPHY

How long have you been an area resident? _____
Where did you move from? _____
Present or former synagogue affiliation? _____ in _____
What is your hometown? _____ / _____
Emergency contact information: (Name, telephone number, address and relationship)

YOUR CHILDREN

	Child 1	Child 2	Child 3	Child 4
First name				
Nickname				
Middle name				
Last name				
Hebrew name				
Gender				
Date of birth				
Lives at home?	<input type="checkbox"/> Yes; <input type="checkbox"/> No	<input type="checkbox"/> Yes; <input type="checkbox"/> No	<input type="checkbox"/> Yes; <input type="checkbox"/> No	<input type="checkbox"/> Yes; <input type="checkbox"/> No
Married?	<input type="checkbox"/> Yes; <input type="checkbox"/> No	<input type="checkbox"/> Yes; <input type="checkbox"/> No	<input type="checkbox"/> Yes; <input type="checkbox"/> No	<input type="checkbox"/> Yes; <input type="checkbox"/> No
Bar/Bat Mitzvah	<input type="checkbox"/> Yes; <input type="checkbox"/> No Date: _____	<input type="checkbox"/> Yes; <input type="checkbox"/> No Date: _____	<input type="checkbox"/> Yes; <input type="checkbox"/> No Date: _____	<input type="checkbox"/> Yes; <input type="checkbox"/> No Date: _____
Confirmation?	<input type="checkbox"/> Yes; <input type="checkbox"/> No Date: _____	<input type="checkbox"/> Yes; <input type="checkbox"/> No Date: _____	<input type="checkbox"/> Yes; <input type="checkbox"/> No Date: _____	<input type="checkbox"/> Yes; <input type="checkbox"/> No Date: _____
Synagogue Youth Group Member?	<input type="checkbox"/> Yes; <input type="checkbox"/> No	<input type="checkbox"/> Yes; <input type="checkbox"/> No	<input type="checkbox"/> Yes; <input type="checkbox"/> No	<input type="checkbox"/> Yes; <input type="checkbox"/> No

OTHER FAMILY MEMBERS

Do you have any relatives at Congregation Beth Shalom? Please tell us their names and how you're related: _____

Adult #1 - Parents

Father's name _____
 Living; Deceased - Date of death _____
 His Hebrew name _____
 Mother's name _____
 Living; Deceased - Date of death _____
 Her Hebrew name _____

Adult #2 - Parents

Father's name _____
 Living; Deceased - Date of death _____
 His Hebrew name _____
 Mother's name _____
 Living; Deceased - Date of death _____
 Her Hebrew name _____

Yahrzeit Observance

Please list the names and other pertinent information for those you wish remembered.

	Adult #1		Adult #2	
First name of departed	1.	2.	1.	2.
Last name of departed				
Hebrew name				
Relationship				
Civil date of death				
Time of death				

For additional family members, please attach a separate sheet.

Do you own a cemetery plot? No; Yes – Where? _____

MAKING A CONNECTION – BECOME PART OF OUR CBS FAMILY

Tell us why you came to Congregation Beth Shalom (check all that apply):

- Worship Services; Religious School; CBS Clergy; Special Programs/Activities;
- Referred by: _____; Other reason _____

Which congregational activities or volunteer opportunities might interest you or other members of your family?

- | | | |
|---|---|---|
| <input type="checkbox"/> Adult Bar/Bat Mitzvah | <input type="checkbox"/> Adult education | <input type="checkbox"/> Board of Directors |
| <input type="checkbox"/> Building and grounds | <input type="checkbox"/> CBS singers | <input type="checkbox"/> Cemetery committee |
| <input type="checkbox"/> Communication (the Kol) | <input type="checkbox"/> Cooking | <input type="checkbox"/> Couples activities |
| <input type="checkbox"/> Communication (other) | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Hesed (caring) committee |
| <input type="checkbox"/> Education (Religious school) | <input type="checkbox"/> Judaica shop | <input type="checkbox"/> Library |
| <input type="checkbox"/> House and design | <input type="checkbox"/> Men’s Club | <input type="checkbox"/> Office volunteer |
| <input type="checkbox"/> Membership | <input type="checkbox"/> Ritual committee | <input type="checkbox"/> Senior group |
| <input type="checkbox"/> Single parents | <input type="checkbox"/> Singles | <input type="checkbox"/> Sisterhood |
| <input type="checkbox"/> Torah reader | <input type="checkbox"/> Usher | <input type="checkbox"/> Youth group volunteer |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

List any special skills or talents you would like to share with us: _____

PLEASE SHARE YOUR RELIGIOUS BACKGROUND

Adult #1:

In what religious tradition were you raised?

- Conservative; Reform; Orthodox; Secular; non-Jewish; none

Are you a: Kohen; Levite; Israelite ?

Full Hebrew name (including parents): _____

If you were not raised Jewish, are you a: Jew by choice – Conversion date: _____

- Other: _____

Did your Jewish education include a:

- Bar/Bat Mitzvah? Date _____; Confirmation? Date _____

Can you read Hebrew? Yes; No *Can you recite the Brachot for the Torah?* Yes; No

Can you read Torah? Yes; No *Can you chant a Haftorah?* Yes; No

Can you lead a Daily Service? Yes; No

Adult #2:

In what religious tradition were you raised?

- Conservative; Reform; Orthodox; Secular; non-Jewish; none

Are you a: Kohen; Levite; Israelite ?

Full Hebrew name (including parents): _____

If you were not raised Jewish, are you a: Jew by choice – Conversion date: _____

- Other: _____

Did your Jewish education include a:

- Bar/Bat Mitzvah? Date _____; Confirmation? Date _____

Can you read Hebrew? Yes; No *Can you recite the Brachot for the Torah?* Yes; No

Can you read Torah? Yes; No *Can you chant a Haftorah?* Yes; No

Can you lead a Daily Service? Yes; No

THE FINE PRINT

I / We hereby make application for membership in Congregation Beth Shalom and agree to abide by its Constitution and By-Laws, and such regulations as authorized by the Board of Directors now in effect and those hereafter adopted for the conduct and support of the Congregation. I / We agree to contribute the annual membership dues and other fees as approved by the Congregation. Enclosed is a check for \$ _____ for our first year's dues. Our membership category is _____.

Signature Adult #1	Name printed	Date
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Signature Adult #2	Name printed	Date
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**** *To help us get acquainted with our new members, we ask that you attach a recent photograph* ****

Thank you.

For Office Use Only

Application received on ____/____/____. Approved on ____/____/____.

Dues code _____