

MEMBERSHIP APPLICATION

We are pleased to welcome you to Congregation Beth Shalom as a member of our synagogue family! You are joining a welcoming community of individuals from diverse backgrounds, strengthening connections with God, Torah and the Jewish people. Our three pillars of focus are: meaningful experiences of prayer and spirituality; congregational learning for all ages; and engagement in community. We look forward to you being a part of our Kehillah-our CBScommunity.



Congregation Beth Shalom

14200 Lamar Ave.
Overland Park, KS66223
Tel: 913.647.7279 • Fax: 913.647.7277
info@bethshalomkc.org • www.bethshalomkc.org

Name and Address

The information you provide will be kept confidential. It is intended only for our records.

Member One Mr. Mrs. Ms. Dr. _____
First M Last

Member Two Mr. Mrs. Ms. Dr. _____
First M Last

Home Address _____ City State Zip Code

Single Engaged Married Partnered Wedding Date: _____

Member Information

Member One

Hebrew Name _____ Previous Last Name(s) _____

BirthDay _____ Your Bar/Bat Mitzvah Date (mm/dd/yyyy) _____

Home Phone _____ Cell Phone _____

Preferred Email _____

Position/Title _____ Industry _____

Preferred Method of contact: Home Phone Cell
 Email

Are you a Kohen Levite Israelite Don't Know

What is your Jewish background? _____

Member Two

Hebrew Name _____ Maiden Name _____

BirthDay _____ Your Bar/Bat Mitzvah Date (mm/dd/yyyy) _____

Home Phone _____ Cell Phone _____

Preferred Email _____

Position/Title _____ Industry _____

Preferred Method of contact: Home Phone Cell
 Email

Are you a Kohen Levite Israelite Don't Know

What is your Jewish background? _____

Children Information

Child One

First _____

Middle _____

Last _____

Hebrew Name _____

Birthdate _____

Hebrew Birthdate _____

Grade _____

Applied/Admitted to:

Beth Shalom Rose Family Early Childhood Education Center

Polsky Religious School

Polsky Religious School

Hyman Brand Hebrew Academy

Child Two

First _____

Middle _____

Last _____

Hebrew Name _____

Birthdate _____

Hebrew Birthdate _____

Grade _____

Applied/Admitted to:

Beth Shalom Rose Family Early Childhood Education Center

Polsky Religious School

Polsky Religious School

Hyman Brand Hebrew Academy

Child Three

First _____

Middle _____

Last _____

Hebrew Name _____

Birthdate _____

Hebrew Birthdate _____

Grade _____

Applied/Admitted to:

Beth Shalom Rose Family Early Childhood Education Center

Polsky Religious School

Polsky Religious School

Hyman Brand Hebrew Academy

Child Four

First _____

Middle _____

Last _____

Hebrew Name _____

Birthdate _____

Hebrew Birthdate _____

Grade _____

Applied/Admitted to:

Beth Shalom Rose Family Early Childhood Education Center

Polsky Religious School

Polsky Religious School

Hyman Brand Hebrew Academy

For additional children, please attach a supplemental page.

Relationships

Do you have any relatives or friends who are current Congregation Beth Shalom members? Yes No **If Yes, please list:**

Relationship One

First _____

Last _____

Relationship: _____

Relationship Two

First _____

Last _____

Relationship: _____

Relationship Three

First _____

Last _____

Relationship: _____

Relationship Four

First _____

Last _____

Relationship: _____

Yahrzeit Information

If you have any yahrzeit(s) to commemorate, please fill in this information:

Yahrzeit

First _____

Last _____

Hebrew Name _____

Yahrzeit

First _____

Last _____

Hebrew Name _____

Yahrzeit

First _____

Last _____

Hebrew Name _____

Yahrzeit

First _____

Last _____

Hebrew Name _____

Relationship _____

Relationship _____

Relationship _____

Relationship _____

Date of Death:
(mm/dd/yyyy) _____

Date of Death:
(mm/dd/yyyy) _____

Date of Death:
(mm/dd/yyyy) _____

Date of Death:
(mm/dd/yyyy) _____

Before or
After Sunset: _____

Before or
After Sunset: _____

Before or
After Sunset: _____

Before or
After Sunset: _____

We will send you a reminder prior to the date. The name of your beloved will be read during the Shabbat service prior to the yahrzeit.

Check this box if you are interested in a memorial yahrzeit plaque to honor the sacred memory of your loved one. A member of the synagogue will contact you with details.

Community Involvement and Ritual Information

What are your reasons for joining Congregation Beth Shalom?

There are a variety of roles available at Congregation Beth Shalom. Please indicate your interests below if you would like more information about getting involved:

Member One

- Committee Member
- Holiday/Festival Observance
- Community Outreach/Marketing
- High Holy Day Torah Reading
- Fundraising & Development
- Lead Services/Aliyah or Honor on Bima
- Shabbat Torah Reading
- Event/Program
- Polsky Religious School/Rose Family Early Childhood Development Center
- Shabbat Services Greeter
- Men's Club
- Sisterhood

Please highlight any special talents, skills, or interests that you would like to share

Member One

- Committee Member
- Holiday/Festival Observance
- Community Outreach/Marketing
- High Holy Day Torah Reading
- Fundraising & Development
- Lead Services/Aliyah or Honor on Bima
- Shabbat Torah Reading
- Event/Program Volunteer
- Polsky Religious School/Rose Family Early Childhood Development Center
- Shabbat Services Greeter
- Men's Club
- Sisterhood

Please highlight any special talents, skills, or interests that you would like to share
