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 CBS community.



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Name and Address

The information you provide will be kept confidential.	It is intended (only for our records.			
Member One ☐Mr. ☐Mrs. ☐Ms. ☐Dr					
	Firs	st	M	Last	
Member Two ☐Mr. ☐Mrs. ☐Ms. ☐Dr	Firs		M Last		
Home Address	City	,	State		Zip Code
☐ Single ☐ Engaged ☐ Married ☐ Partnered	Wedding Da	ate:		_	
Member Information					
Member One		Member Two			
Hebrew Name Previous La	ast Name(s)	Hebrew Name			Maiden Name
Birthday Your Bar/Bat Mitzvah Date (n	nm/dd/yyyy)	Birthday Your Bar/Bat Mitzvah Date (mm/dd/yyyy)			
Home Phone Cell P	hone	Home Phone			Cell Phone
Preferred Email		Preferred Email			
Position/Title Indust	ry	Position/Title			Industry
Preferred Method of contact:		Preferred Method	of contact	;	
☐ Home Phone ☐ Cell ☐ Email		☐ Home Phone	☐ Cell	☐ Email	

Are you a □Kohen □ Levite □	Israelite Don't Know	Are you a □Kohen □ Levite □	Israelite Don't Know		
What is your Jewish background?		What is your Jewish background?			
Children Information					
Child One	Child Two Child Three		Child Four		
First	First	First	First		
Middle	Middle	Middle	Middle		
Last	Last	Last	Last		
Hebrew Name	Hebrew Name	Hebrew Name	Hebrew Name		
Birthdate	Birthdate	Birthdate	Birthdate		
Hebrew Birthdate	Hebrew Birthdate	Hebrew Birthdate	Hebrew Birthdate		
Grade	Grade	Grade	Grade		
Applied/Admitted to: Beth Shalom Rose Family Early Childhood Education Center Polsky Religious School Hyman Brand Hebrew Academy	Applied/Admitted to: ☐ Beth Shalom Rose Family Early Childhood Education Center ☐ Polsky Religious School ☐ Hyman Brand Hebrew Academy	Applied/Admitted to: ☐ Beth Shalom Rose Family Early Childhood Education Center ☐ Polsky Religious School ☐ Hyman Brand Hebrew Academy	Applied/Admitted to: ☐ Beth Shalom Rose Family Early Childhood Education Center ☐ Polsky Religious School ☐ Hyman Brand Hebrew Academy		
	For additional children, please	l e attach a supplemental page.			
Relationships Do you have any relatives or frien	ds who are current Congregation I	Beth Shalom members? ☐ Yes	□ No If Yes, please list:		
Relationship One	Relationship Two	Relationship Three	Relationship Four		
First	First	First	First		
Last	Last	Last	Last		
Relationship:	Relationship:	Relationship:	Relationship:		

Yahrzeit Information

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

<u>Yahrzeit</u>	<u>Yahrzeit</u>	<u>Yahrzeit</u>	<u>Yahrzeit</u>		
First	First	First	First		
Last	Last	Last	Last		
Hebrew Name	Hebrew Name	Hebrew Name	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:		
•	lvement and Ritual Information	on			
There are a variety of roles involved:	available at Congregation Beth Shalom, Please	indicate your interests below	if you would like more information about getting		
Member One		Member Two			
☐ Committee Member		☐ Committee Member			
☐ Holiday/Festival Observ	vance	☐ Holiday/Festival Observance			
☐ Community Outreach/N	1 arketing	☐ Community Outreach/Marketing			
☐ High Holy Day Torah R	eading	☐ High Holy Day Torah Reading			
☐ Fundraising & Developr	ment	☐ Fundraising & Development			
☐ Lead Services/Aliyah o	r Honor on Bimah	☐ Lead Services/Aliyah or Honor on Bimah			
☐ Shabbat Torah Reading	9	☐ Shabbat Torah Readin	g		
☐ Event/Program		☐ Event/Program Volunte	eer		
☐ Polsky Religious Schoo	l/Rose Family Early Childhood Center	☐ Polsky Religious School/Rose Family Early Childhood Center			
☐ Shabbat Services Gree	ter	☐ Shabbat Services Greeter			
☐ Men's Club		☐ Men's Club			
Sisterhood		Sisterhood			
Please highlight any speci to share	al talents, skills, or interests that you would like	Please highlight any spec to share	ial talents, skills, or interests that you would like		