

Jewish Background

I am: Jewish by Birth Jewish by Conversion Not Jewish

My mother is: Jewish by Birth Jewish by Conversion Not Jewish

My father is: Jewish by Birth Jewish by Conversion Not Jewish

I am: Kohen Levite Israelite Don't Know

Please tell us about your Jewish background:

I am: Jewish by Birth Jewish by Conversion Not Jewish

My mother is: Jewish by Birth Jewish by Conversion Not Jewish

My father is: Jewish by Birth Jewish by Conversion Not Jewish

I am: Kohen Levite Israelite Don't Know

Please tell us about your Jewish background:

Children Information

Child One

First _____

Middle _____

Last _____

Hebrew Name _____

Birthdate _____

Hebrew Birthdate _____

Grade _____

Graduation Year _____

Applied/Admitted to:

- Beth Shalom Rose Family Early Childhood Education Center
 Polsky Religious School
 Hyman Brand Hebrew Academy

Child Two

First _____

Middle _____

Last _____

Hebrew Name _____

Birthdate _____

Hebrew Birthdate _____

Grade _____

Graduation Year _____

Applied/Admitted to:

- Beth Shalom Rose Family Early Childhood Education Center
 Polsky Religious School
 Hyman Brand Hebrew Academy

Child Three

First _____

Middle _____

Last _____

Hebrew Name _____

Birthdate _____

Hebrew Birthdate _____

Grade _____

Graduation Year _____

Applied/Admitted to:

- Beth Shalom Rose Family Early Childhood Education Center
 Polsky Religious School
 Hyman Brand Hebrew Academy

Child Four

First _____

Middle _____

Last _____

Hebrew Name _____

Birthdate _____

Hebrew Birthdate _____

Grade _____

Graduation Year _____

Applied/Admitted to:

- Beth Shalom Rose Family Early Childhood Education Center
 Polsky Religious School
 Hyman Brand Hebrew Academy

For additional children, please attach a supplemental page.

Important: If you have any children aged 8 or older, please check here so we can get them a B'nai Mitzvah Date.

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: _____

Yahrtzeit Information

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

Yahrtzeit

First _____

Last _____

Hebrew Name _____

Relationship _____

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

Before or
After Sunset: _____

Yahrtzeit

First _____

Last _____

Hebrew Name _____

Relationship _____

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

Before or
After Sunset: _____

Yahrtzeit

First _____

Last _____

Hebrew Name _____

Relationship _____

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

Before or
After Sunset: _____

Yahrtzeit

First _____

Last _____

Hebrew Name _____

Relationship _____

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

Before or
After Sunset: _____

We will send you an email reminder prior to the date. Please make sure to keep us updated if your email address changes.

Check this box if you are interested in a memorial yahrtzeit 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 Bimah
- Shabbat Torah Reading
- Event/Program
- Polsky Religious School/Rose Family Early Childhood Center
- Shabbat Services Greeter
- Men's Club
- Sisterhood

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

Member Two

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

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

For CBS Office Use Only

Received By: _____
Date Received: _____

Membership Granted By: _____
Date Entered into System: _____