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.

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



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melanies@bethshalomkc.org

www.bethshalomkc.org

Name and Address

Member One □ Mr. □ Mrs. □ Ms. □ Dr				
Member one livii. Liviis. Livis. Libi	Fire		Last	
Member Two □ Mr. □ Mrs. □ Ms. □ Dr				
	Firs	st M	Last	
Home Address	Cit	у	State	Zip Code
☐ Single ☐ Engaged ☐ Married ☐ Partnered	Wed	lding Date:		<u></u>
Member Information				
Member One		Member Two		
Hebrew Name Previous Last N	Name(s)	Hebrew Name		Previous Last Name(s)
Birthday Your Bar/Bat Mitzvah Date (mm/c	dd/yyyy)	Birthday	Your Bar/B	at Mitzvah Date (mm/dd/yyyy)
Home Phone Cell Phone	<u>e</u>	Home Phone		Cell Phone
Preferred Email		Preferred Email		
Position/Title Industry	. <u> </u>	Position/Title	- <u> </u>	Industry
Preferred Method of contact:		Preferred Method	of contact:	
☐ Home Phone ☐ Cell ☐ Email		☐ Home Phone	□ Cell □ Em	nail

Jewish Background				
I am: ☐ Jewish by Birth ☐ Jewish by Conversion ☐ Not Jewish		I am: □ Jewish by Birth □ Jewish by Conversion □ Not Jewish		
My mother is: ☐ 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		My father is: ☐ Jewish by Birth ☐ Jewish by Conversion ☐ Not Jewish		
I am: ☐ Kohen ☐ Levite ☐ Israelite ☐ Don't Know		I am: ☐ Kohen ☐ Levite ☐ Israelite ☐ Don't Know		
Please tell us about your Jewish background:		Please tell us about 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	HebrewName	Hebrew Name	
Birthdate	Birthdate	Birthdate	Birthdate	
Hebrew Birthdate	Hebrew Birthdate	Hebrew Birthdate	Hebrew Birthdate	
Grade	Grade	Grade	Grade	
Graduation Year	Graduation Year	Graduation Year	Graduation Year	
Applied/Admitted to: ☐ Beth Shalom Rose Family Early Childhood Education Center ☐ Polsky Religious School	Applied/Admitted to: □ Beth Shalom Rose Family Early Childhood Education Center □ Polsky Religious School	Applied/Admitted to: □ Beth Shalom Rose Family Early Childhood Education Center □ Polsky Religious School	Applied/Admitted to: □ Beth Shalom Rose Family Early Childhood Education Center □ Polsky Religious School	
☐ Hyman Brand Hebrew Academy				
	For additional children, pleas	i e attach a supplemental page.	ı	
Important: If you have any chi	Idren aged 8 or older, please o	check here so we can get them	a B'nai Mitzvah Date.	

Relationships

Relationship One	Relationship Two	Relationship Three	Relationship Four
First	First	First	First
Last	_ Last	Last	Last
Relationship:	Relationship:	Relationship:	Relationship:
		_	
ahrtzeit Informat you have any yahrtzeit(s)	ion to commemorate, please fill in thi	s information:	
<u>Yahrtzeit</u>	<u>Yahrtzeit</u>	<u>Yahrtzeit</u>	<u>Yahrtzeit</u>
First	First	First	First
ast	Last	Last	Last
lebrewlame	Hebrew Name	Hebrew Name	 Hebrew Name
Relationship	Relationship	Relationship	Relationship
rate 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:
e will send you an emailren	ninder prior to the date. Please make s	ure to keep us updated if youremail a	address changes.
	nterested in a memorial yahrtzeit plaqu	e to honor the sacred memory of you	r loved one. A member of the synaç
ontact you with detai ls.			
community Involve	ement and Ritual Inforn	nation	
/hat are your reasons for joir	ning Congregation Beth Shalom?		
nat are your reasons torjoir	ning 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 **Member Two** ☐ Committee Member □ Committee Member ☐ Holiday/Festival Observance ☐ Holiday/Festival Observance ☐ Community Outreach/Marketing ☐ Community Outreach/Marketing ☐ High Holy Day Torah Reading ☐ High Holy Day Torah Reading ☐ Fundraising & Development ☐ Fundraising & Development ☐ Lead Services/Aliyah or Honor on Bimah ☐ Lead Services/Aliyah or Honor on Bimah ☐ Shabbat Torah Reading □ Shabbat Torah Reading □ Event/Program □ Event/Program Volunteer ☐ Polsky Religious School/Rose Family Early Childhood Center ☐ Polsky Religious School/Rose Family Early Childhood Center ☐ Shabbat Services Greeter ☐ Shabbat Services Greeter ☐ Men's Club ☐ Men's Club ☐ Sisterhood ☐ Sisterhood Please highlight any special talents, skills, or interests that you would like Please highlight any special talents, skills, or interests that you would like to share to share

_____ Membership Granted By:_____

Date Received: _____ Date Entered into System: _____

Received By:

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