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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Overland Park, KS 66223

Tel: 913.647.7283

admin@bethshalomkc.org [www.bethshalomkc.org](http://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

## Member Two

Hebrew Name Previous Last Name(s) Hebrew Name Previous Last Name(s)

Birthday Your Bar/Bat Mitzvah Date (mm/dd/yyyy) Birthday Your Bar/Bat Mitzvah Date (mm/dd/yyyy)

Home Phone Cell Phone Home Phone Cell Phone

Preferred Email Preferred Email

Position/Title Industry

Preferred Method of contact:

⃞ Home Phone ⃞ Cell ⃞ Email

Position/Title Industry

Preferred Method of contact:

⃞ Home Phone ⃞ Cell ⃞ Email

# 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** | **Child Two** | **Child Three** | **Child Four** |
| First  | First  | First  | First  |
| Middle  | Middle  | Middle  | Middle  |
| Last  | Last  | Last  | Last  |
| Hebrew  | Hebrew  | Hebrew  | Hebrew  |
| Name | Name | Name | Name |
| Birthdate  | Birthdate  | Birthdate  | Birthdate  |
| Hebrew  | Hebrew  | Hebrew  | Hebrew  |
| Birthdate | Birthdate | Birthdate | Birthdate |
| Graduation Year  | Graduation Year  | Graduation Year  | Graduation Year  |
| Applied/Admitted to: | Applied/Admitted to: | Applied/Admitted to: | Applied/Admitted to: |
| ⃞ Beth Shalom Rose Family Early | ⃞ Beth Shalom Rose Family Early | ⃞ Beth Shalom Rose Family Early | ⃞ Beth Shalom Rose Family Early |
| Childhood Education Center | Childhood Education Center | Childhood Education Center | Childhood Education Center |
| ⃞ Polsky Religious School | ⃞ Polsky Religious School | ⃞ Polsky Religious School | ⃞ Polsky Religious School |
| ⃞ Hyman Brand Hebrew Academy | ⃞ Hyman Brand Hebrew Academy | ⃞ Hyman Brand Hebrew Academy | ⃞ 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** | **Relationship Two** | **Relationship Three** | **Relationship Four** |
| First  | First  | First  | First  |
| Last  | Last  | Last  | Last  |
| Relationship:  | Relationship:  | Relationship:  | Relationship:  |

# Yahrtzeit Information

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Yahrtzeit** | **Yahrtzeit** | **Yahrtzeit** | **Yahrtzeit** |
| First  | First  | First  | First  |
| Last  | Last  | Last  | Last  |
| Hebrew  | Hebrew  | Hebrew  | Hebrew  |
| Name | Name | Name | Name |
| Relationship  | Relationship  | Relationship  | Relationship  |
| Date of Death: | Date of Death: | Date of Death: | Date of Death: |
| (mm/dd/yyyy)  | (mm/dd/yyyy)  | (mm/dd/yyyy)  | (mm/dd/yyyy)  |
| Before or | Before or | Before or | Before or |
| After Sunset:  | After Sunset:  | After Sunset:  | 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: Membership Granted By: Date Received: Date Entered into System: