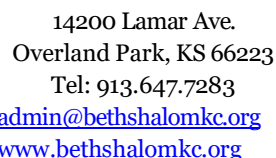


We are pleased to welcome you to Congregation Beth Shalom as a member of our synagogue family! You are joining a welcoming community of individuals from diverse backgrounds, strengthening connections with God, Torah and the Jewish people. Our three pillars of focus are: meaningful experiences of prayer 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.

☐ Single ☐ Engaged ☐ Married ☐ Partnered Wedding Date: _____

Member One

☐ Home Phone ☐ Cell ☐ Email☐ 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

First

Middle

Last

Hebrew
Name

Birthdate

Hebrew
Birthdate

Grade for the 25-26 school year

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 for the 25-26 school year

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 for the 25-26 school year

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 for the 25-26 school year

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:_____