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.



14200 Lamar Ave. Overland Park, KS 66223 Tel: 913.647.7283 admin@bethshalomkc.org www.bethshalomkc.org

Name and Address

The information you provide will be kept confidential. It is	s intended o	nly for our records		
Member One ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr				_
	First	t M	Last	
Member Two ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr				
	Firs	t M	Last	
Home Address	City		State	Zip Code
☐ Single ☐ Engaged ☐ Married ☐ Partnered	We	dding Date:		<u> </u>
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	ı/dd/yyyy)	Birthday	Your Bar/Bat	Mitzvah Date (mm/dd/yyyy)
Home Phone Cell Pho	ne	Home Phone		Cell Phone
Preferred Email		Preferred Email		
Position/Title Industry		Position/Title		Industry
Preferred Method of contact:		Preferred Method	l of contact:	
☐ Home Phone ☐ Cell ☐ Email		☐ Home Phone	☐ Cell ☐ Ema	il

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: \square Jewish by Birth \square Jewish by Conversion \square Not Jewish	My mother is: \square Jewish by Birth \square Jewish by Conversion \square Not Jewish
My father is: \square Jewish by Birth \square Jewish by Conversion \square Not Jewish	My father is: \square Jewish by Birth \square Jewish by Conversion \square 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	Hebrew Name	Hebrew Name
Birthdate	Birthdate	Birthdate	Birthdate
Hebrew Birthdate	Hebrew Birthdate	Hebrew Birthdate	Hebrew Birthdate
Grade for the 25-26 school year	Grade for the 25-26 school year	Grade for the 25-26 school year	Grade for the 25-26 school year
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.

Relationship One	Relationship Two	Relationship Three	Relationship Four
First	First	First	First
Last	Last	Last	Last
Relationship:	Relationship:	Relationship:	Relationship:
ahrtzeit Informat i you have any yahrtzeit(s)	ion to commemorate, please fill in this	s information:	
<u>Yahrtzeit</u>	<u>Yahrtzeit</u>	<u>Yahrtzeit</u>	<u>Yahrtzeit</u>
First	First	First	First
Last	Last	Last	Last
Hebrew			
Name	Name	Name	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	Before or	Before or
/e will send you an email rem	inder prior to the date. Please make su	re to keep us updated if your email add	dress changes.
☐ Check this box if you are in ontact you with details.	nterested in a memorial yahrtzeit plaque	e to honor the sacred memory of your lo	oved one. A member of the synagog
Community Involve	ement and Ritual Inforn	nation	
/hat are your reasons for join	ing Congregation Beth Shalom?		

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Member One		Member Two
☐ Committee Member		☐ Committee Member
☐ Holiday/Festival Observance		☐ Holiday/Festival Observance
☐ Community Outreach/Marketing	g	☐ 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 talen to share	ts, skills, or interests that you would like	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:

There are a variety of roles available at Congregation Beth Shalom. Please indicate your interests below if you would like more information about getting