

# BETH ISRAEL MEMBERSHIP

## MALE

Name \_\_\_\_\_

Hebrew Name \_\_\_\_\_

\_\_\_\_\_ Kohen \_\_\_\_\_ Levi \_\_\_\_\_ Yisrael

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_\_\_\_

Cell Phone \_\_\_\_\_

Occupation \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Fax \_\_\_\_\_

Are you born of a Jewish mother? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, have you converted to Judaism Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where and when: \_\_\_\_\_

\_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widower

Anniversary \_\_\_\_\_

If divorced, was marriage terminated by a "get" \_\_\_yes \_\_\_ no

Formerly/current affiliated with Congregation(s):

\_\_\_\_\_

Interests: \_\_\_\_\_

Skills/Talents: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

## FEMALE

Name \_\_\_\_\_

Hebrew Name \_\_\_\_\_

\_\_\_\_\_ Kohen \_\_\_\_\_ Levi \_\_\_\_\_ Yisrael

Address \_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_\_\_\_

Cell Phone \_\_\_\_\_

Occupation \_\_\_\_\_

Business Address \_\_\_\_\_

\_\_\_\_\_

Business Phone \_\_\_\_\_ Fax \_\_\_\_\_

Are you born of a Jewish mother? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, have you converted to Judaism Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where and when: \_\_\_\_\_

\_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widow

Anniversary \_\_\_\_\_

If divorced, was marriage terminated by a "get" \_\_\_yes \_\_\_ no

Formerly/current affiliated with Congregation(s):

\_\_\_\_\_

Interests: \_\_\_\_\_

\_\_\_\_\_

Skills/Talents: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Children (Include Hebrew Name)**

**Date of Birth**

**Grade in School/College**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are children born of a Jewish Mother \_\_\_\_\_ Yes \_\_\_\_\_ No

If not, have they converted to Judaism \_\_\_\_\_ Yes , if yes, where and when \_\_\_\_\_

**Observe Yahrzeit for:**

**Date of Death**

**Relationship**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Comments:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Information completed by:** \_\_\_\_\_

**Reviewed by Rabbi:** \_\_\_\_\_

**Welcome new member!** Please send photo and brief description of you and your family to the Membership Chair at [membership@bethisraelsc.org](mailto:membership@bethisraelsc.org) so we can properly introduce you to the Congregation.