



CONGREGATION BETH SHALOM

קהילת בית שלום

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MEMBERSHIP APPLICATION

Thank you for selecting Congregation Beth Shalom

We are an egalitarian Conservative congregation and a proud member of United Synagogue of Conservative Judaism



(All Information Is Confidential and For Office Use Only) DATE: ____ / ____ / ____

MEMBER # 1:

TITLE	LAST NAME	FIRST NAME	MIDDLE NAME	HOME PHONE	CELL PHONE
BEN/BAT		<input type="checkbox"/> KOHEN <input type="checkbox"/> LEVI			
MY HEBREW NAME	PARENTS' HEBREW NAMES <i>for Aliyah purposes</i>		<input type="checkbox"/> YISRAEL	EMAIL ADDRESS	
BIRTHDAY		MARITAL STATUS:			
EMPLOYMENT STATUS: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> RETIRED		<input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> OTHER			
OCCUPATION: _____		<input type="checkbox"/> MARRIED ANNIVERSARY DATE: _____			
RELIGIOUS EDUCATION: _____		NAME OF SPOUSE (IF NOT MEMBER #2): _____			
PREVIOUS CONGREGATIONAL AFFILIATION (NAME & CITY)		HAVE YOU BEEN ACTIVE IN SYNAGOGUE LIFE: <input type="checkbox"/> Yes <input type="checkbox"/> No			
		IF SO, IN WHAT CAPACITY? _____			

MEMBER # 2:

TITLE	LAST NAME	FIRST NAME	MIDDLE NAME	HOME PHONE	CELL PHONE
BEN/BAT		<input type="checkbox"/> KOHEN <input type="checkbox"/> LEVI			
MY HEBREW NAME	PARENTS' HEBREW NAMES <i>for Aliyah purposes</i>		<input type="checkbox"/> YISRAEL	EMAIL ADDRESS	
BIRTHDAY		CHILDREN LIVING IN YOUR HOUSEHOLD: <input type="checkbox"/> Yes <input type="checkbox"/> No			
EMPLOYMENT STATUS: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> RETIRED		NAME _____ AGE _____			
OCCUPATION: _____		NAME _____ AGE _____			
RELIGIOUS EDUCATION: _____		NAME _____ AGE _____			
PREVIOUS CONGREGATIONAL AFFILIATION (NAME & CITY)		HAVE YOU BEEN ACTIVE IN SYNAGOGUE LIFE: <input type="checkbox"/> Yes <input type="checkbox"/> No			
		IF SO, IN WHAT CAPACITY? _____			

LOCAL ADDRESS: YEAR ROUND PART-TIME (WHICH MONTHS IN THE COACHELLA VALLEY?) _____ to _____

STREET CITY STATE ZIP

NON-LOCAL ADDRESS:

STREET CITY STATE ZIP

WOULD YOU BE INTERESTED IN SERVING ON A COMMITTEE? YES NO IF SO, WHICH COMMITTEE?

- AUXILIARY / PROGRAM
 FUNDRAISING
 HOSPITALITY
 MEMBERSHIP
 RITUAL
 MITZVAH
 OFFICE VOLUNTEER
 OTHER: _____

PLEASE TELL US A LITTLE ABOUT YOURSELF. DO YOU HAVE ANY SPECIAL TALENTS, INTERESTS, OR SKILLS?
 ARE THERE ANY SPECIAL ACHIEVEMENTS OR ACCOMPLISHMENTS YOU WOULD LIKE TO SHARE WITH US?

LIST OF DEPARTED (FOR YAHRZEIT RECORDS)

NAME OF DECEASED	YAHRZEIT OBSERVED BY	RELATIONSHIP (FATHER, MOTHER, ...)	DATE OF PASSING (GREGORIAN CALENDAR) PLEASE INCLUDE YEAR	DATE OF PASSING (HEBREW CALENDAR) PLEASE INCLUDE YEAR	INDICATE IF YOU WOULD LIKE TO OBSERVE THE YAHRZEIT ON ENGLISH OR HEBREW DATE
_____	<input type="checkbox"/> MEMBER #1 <input type="checkbox"/> MEMBER #2 <input type="checkbox"/> BOTH	_____	<input type="checkbox"/> BEFORE SUNDOWN <input type="checkbox"/> AFTER SUNDOWN	_____	<input type="checkbox"/> ENGLISH <input type="checkbox"/> HEBREW
_____	<input type="checkbox"/> MEMBER #1 <input type="checkbox"/> MEMBER #2 <input type="checkbox"/> BOTH	_____	<input type="checkbox"/> BEFORE SUNDOWN <input type="checkbox"/> AFTER SUNDOWN	_____	<input type="checkbox"/> ENGLISH <input type="checkbox"/> HEBREW
_____	<input type="checkbox"/> MEMBER #1 <input type="checkbox"/> MEMBER #2 <input type="checkbox"/> BOTH	_____	<input type="checkbox"/> BEFORE SUNDOWN <input type="checkbox"/> AFTER SUNDOWN	_____	<input type="checkbox"/> ENGLISH <input type="checkbox"/> HEBREW
_____	<input type="checkbox"/> MEMBER #1 <input type="checkbox"/> MEMBER #2 <input type="checkbox"/> BOTH	_____	<input type="checkbox"/> BEFORE SUNDOWN <input type="checkbox"/> AFTER SUNDOWN	_____	<input type="checkbox"/> ENGLISH <input type="checkbox"/> HEBREW
_____	<input type="checkbox"/> MEMBER #1 <input type="checkbox"/> MEMBER #2 <input type="checkbox"/> BOTH	_____	<input type="checkbox"/> BEFORE SUNDOWN <input type="checkbox"/> AFTER SUNDOWN	_____	<input type="checkbox"/> ENGLISH <input type="checkbox"/> HEBREW
_____	<input type="checkbox"/> MEMBER #1 <input type="checkbox"/> MEMBER #2 <input type="checkbox"/> BOTH	_____	<input type="checkbox"/> BEFORE SUNDOWN <input type="checkbox"/> AFTER SUNDOWN	_____	<input type="checkbox"/> ENGLISH <input type="checkbox"/> HEBREW
_____	<input type="checkbox"/> MEMBER #1 <input type="checkbox"/> MEMBER #2 <input type="checkbox"/> BOTH	_____	<input type="checkbox"/> BEFORE SUNDOWN <input type="checkbox"/> AFTER SUNDOWN	_____	<input type="checkbox"/> ENGLISH <input type="checkbox"/> HEBREW
_____	<input type="checkbox"/> MEMBER #1 <input type="checkbox"/> MEMBER #2 <input type="checkbox"/> BOTH	_____	<input type="checkbox"/> BEFORE SUNDOWN <input type="checkbox"/> AFTER SUNDOWN	_____	<input type="checkbox"/> ENGLISH <input type="checkbox"/> HEBREW
_____	<input type="checkbox"/> MEMBER #1 <input type="checkbox"/> MEMBER #2 <input type="checkbox"/> BOTH	_____	<input type="checkbox"/> BEFORE SUNDOWN <input type="checkbox"/> AFTER SUNDOWN	_____	<input type="checkbox"/> ENGLISH <input type="checkbox"/> HEBREW
_____	<input type="checkbox"/> MEMBER #1 <input type="checkbox"/> MEMBER #2 <input type="checkbox"/> BOTH	_____	<input type="checkbox"/> BEFORE SUNDOWN <input type="checkbox"/> AFTER SUNDOWN	_____	<input type="checkbox"/> ENGLISH <input type="checkbox"/> HEBREW
_____	<input type="checkbox"/> MEMBER #1 <input type="checkbox"/> MEMBER #2 <input type="checkbox"/> BOTH	_____	<input type="checkbox"/> BEFORE SUNDOWN <input type="checkbox"/> AFTER SUNDOWN	_____	<input type="checkbox"/> ENGLISH <input type="checkbox"/> HEBREW

MEMBERSHIP DUES

FAMILY — \$1,300

SINGLE — \$650

SNOWBIRD FAMILY* — \$830

SNOWBIRD SINGLE* — \$415

*Snowbird membership is offered to our seasonal congregants who belong to another congregation outside the Coachella Valley at which they pay full dues. Snowbird membership does **NOT** include High Holy Day seats. Please have your primary synagogue send us a letter or FAX advising us of your membership.

CREDIT CARDS ACCEPTED FOR PAYMENTS OF \$50 OR MORE — A 3% SERVICE FEE APPLIES

NAME (AS IT APPEARS ON CARD) _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ MOBILE PHONE: _____

CARD TYPE: MasterCard Visa AMEX Discover

CARD #: _____

CVV CODE (SECURITY CODE): _____ EXPIRATION DATE: _____

TOTAL AMOUNT CHARGED: \$ _____

Your cancelled check/credit card charge is your receipt.

FOR OFFICE USE ONLY

INPUT DATE: ____/____/____ PROCESSED BY: _____

CONFIRMATION #: _____

PROBLEMS? _____

SHOWS ON MERCHANT STATEMENT DATED: _____

AMOUNT GROUPED IN \$ _____ DATED: ____/____/____

SHOWS DEPOSITED IN BANK STATEMENT DATED: ____/____/____

EMERGENCY CONTACT INFORMATION

We will only contact these people:

- 1) If you are involved in an emergency at the synagogue
- 2) If we are unable to contact you over a reasonable period of time

MEMBER NAME(S): _____

PRIMARY EMERGENCY CONTACT INFORMATION: (A PERSON NOT LIVING IN YOUR HOUSEHOLD)

LAST NAME: _____ **FIRST NAME(S):** _____

RELATIONSHIP: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

HOME PHONE: _____

CELL PHONE 1: _____ **CELL PHONE 2:** _____

PRIMARY EMAIL: _____

SECONDARY EMAIL: _____

SECONDARY EMERGENCY CONTACT INFORMATION: (A PERSON NOT LIVING IN YOUR HOUSEHOLD)

LAST NAME: _____ **FIRST NAME(S):** _____

RELATIONSHIP: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

HOME PHONE: _____

CELL PHONE 1: _____ **CELL PHONE 2:** _____

PRIMARY EMAIL: _____

SECONDARY EMAIL: _____