



CONGREGATION BETH SHALOM

קהילת בית שלום

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BethShalom18@gmail.com ☆ www.CongregationBethShalom.net

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:

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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 ____ / ____ / ____					
EMPLOYMENT STATUS: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> RETIRED					
OCCUPATION: _____					
RELIGIOUS EDUCATION: _____					
PREVIOUS CONGREGATIONAL AFFILIATION (NAME & CITY)					
MARITAL STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> OTHER <input type="checkbox"/> MARRIED ANNIVERSARY DATE ____ / ____ / ____ NAME OF SPOUSE (IF NOT MEMBER #2): _____					
HAVE YOU BEEN ACTIVE IN SYNAGOGUE LIFE: <input type="checkbox"/> Yes <input type="checkbox"/> No					
IF SO, IN WHAT CAPACITY? _____					

MEMBER # 2:

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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 ____ / ____ / ____					
EMPLOYMENT STATUS: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> RETIRED					
OCCUPATION: _____					
RELIGIOUS EDUCATION: _____					
PREVIOUS CONGREGATIONAL AFFILIATION (NAME & CITY)					
CHILDREN LIVING IN YOUR HOUSEHOLD: <input type="checkbox"/> Yes <input type="checkbox"/> No					
NAME		AGE			
NAME		AGE			
NAME		AGE			
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?) _____

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)

PLEASE INDICATE IF YOU WISH TO OBSERVE THE YAHRZEIT ON THE HEBREW OR ENGLISH DATE

NAME OF DECEASED	RELATED TO	RELATIONSHIP	DATE OF PASSING	
_____	<input type="checkbox"/> MEMBER #1 <input type="checkbox"/> MEMBER #2	_____	/ /	<input type="checkbox"/> HEBREW <input type="checkbox"/> ENGLISH
_____	<input type="checkbox"/> MEMBER #1 <input type="checkbox"/> MEMBER #2	_____	/ /	<input type="checkbox"/> HEBREW <input type="checkbox"/> ENGLISH
_____	<input type="checkbox"/> MEMBER #1 <input type="checkbox"/> MEMBER #2	_____	/ /	<input type="checkbox"/> HEBREW <input type="checkbox"/> ENGLISH
_____	<input type="checkbox"/> MEMBER #1 <input type="checkbox"/> MEMBER #2	_____	/ /	<input type="checkbox"/> HEBREW <input type="checkbox"/> ENGLISH
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_____	<input type="checkbox"/> MEMBER #1 <input type="checkbox"/> MEMBER #2	_____	/ /	<input type="checkbox"/> HEBREW <input type="checkbox"/> ENGLISH
_____	<input type="checkbox"/> MEMBER #1 <input type="checkbox"/> MEMBER #2	_____	/ /	<input type="checkbox"/> HEBREW <input type="checkbox"/> ENGLISH
_____	<input type="checkbox"/> MEMBER #1 <input type="checkbox"/> MEMBER #2	_____	/ /	<input type="checkbox"/> HEBREW <input type="checkbox"/> ENGLISH
_____	<input type="checkbox"/> MEMBER #1 <input type="checkbox"/> MEMBER #2	_____	/ /	<input type="checkbox"/> HEBREW <input type="checkbox"/> ENGLISH
_____	<input type="checkbox"/> MEMBER #1 <input type="checkbox"/> MEMBER #2	_____	/ /	<input type="checkbox"/> HEBREW <input type="checkbox"/> ENGLISH
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_____	<input type="checkbox"/> MEMBER #1 <input type="checkbox"/> MEMBER #2	_____	/ /	<input type="checkbox"/> HEBREW <input type="checkbox"/> ENGLISH
_____	<input type="checkbox"/> MEMBER #1 <input type="checkbox"/> MEMBER #2	_____	/ /	<input type="checkbox"/> HEBREW <input type="checkbox"/> ENGLISH

MEMBERSHIP DUES

FAMILY — \$1,130

SINGLE — \$565

SNOWBIRD FAMILY* — \$720

SNOWBIRD SINGLE* — \$360

*Snowbird membership is offered to our seasonal congregants who belong to another congregation at which they pay full dues.

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: MASTER CARD VISA

CARD #: _____

CVV CODE (3-DIGIT SECURITY CODE ON THE BACK OF CARD): _____ 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: _____

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