



# CONGREGATION BETH SHALOM

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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

ADULT # 1:

( ) - ( ) -

TITLE LAST NAME FIRST NAME MIDDLE NAME HOME PHONE CELL PHONE

BEN/BAT

KOHEN  LEVI

MY HEBREW NAME

PARENTS' HEBREW NAMES  
for Aliyah purposes

YISRAEL

EMAIL ADDRESS

BIRTHDAY \_\_\_\_ / \_\_\_\_ / \_\_\_\_

MARITAL STATUS:

SINGLE  DIVORCED  WIDOWED  OTHER

MARRIED ANNIVERSARY DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

NAME OF SPOUSE (IF NOT ADULT #2):

EMPLOYMENT STATUS:  FULL-TIME  PART-TIME  RETIRED

OCCUPATION: \_\_\_\_\_

RELIGIOUS EDUCATION: \_\_\_\_\_

HAVE YOU BEEN ACTIVE IN SYNAGOGUE LIFE:  YES  NO

PREVIOUS CONGREGATIONAL AFFILIATION  
(NAME & CITY)

IF SO, IN WHAT CAPACITY? \_\_\_\_\_

ADULT # 2:

( ) - ( ) -

TITLE LAST NAME FIRST NAME MIDDLE NAME HOME PHONE CELL PHONE

BEN/BAT

KOHEN  LEVI

MY HEBREW NAME

PARENTS' HEBREW NAMES  
for Aliyah purposes

YISRAEL

EMAIL ADDRESS

BIRTHDAY \_\_\_\_ / \_\_\_\_ / \_\_\_\_

CHILDREN LIVING IN YOUR HOUSEHOLD:  YES  NO

NAME \_\_\_\_\_ AGE \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_

EMPLOYMENT STATUS:  FULL-TIME  PART-TIME  RETIRED

OCCUPATION: \_\_\_\_\_

RELIGIOUS EDUCATION: \_\_\_\_\_

HAVE YOU BEEN ACTIVE IN SYNAGOGUE LIFE:  YES  NO

PREVIOUS CONGREGATIONAL AFFILIATION  
(NAME & CITY)

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?

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## 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"/> ADULT #1 <input type="checkbox"/> ADULT #2		/ /	<input type="checkbox"/> HEBREW <input type="checkbox"/> ENGLISH
	<input type="checkbox"/> ADULT #1 <input type="checkbox"/> ADULT #2		/ /	<input type="checkbox"/> HEBREW <input type="checkbox"/> ENGLISH
	<input type="checkbox"/> ADULT #1 <input type="checkbox"/> ADULT #2		/ /	<input type="checkbox"/> HEBREW <input type="checkbox"/> ENGLISH
	<input type="checkbox"/> ADULT #1 <input type="checkbox"/> ADULT #2		/ /	<input type="checkbox"/> HEBREW <input type="checkbox"/> ENGLISH
	<input type="checkbox"/> ADULT #1 <input type="checkbox"/> ADULT #2		/ /	<input type="checkbox"/> HEBREW <input type="checkbox"/> ENGLISH
	<input type="checkbox"/> ADULT #1 <input type="checkbox"/> ADULT #2		/ /	<input type="checkbox"/> HEBREW <input type="checkbox"/> ENGLISH
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	<input type="checkbox"/> ADULT #1 <input type="checkbox"/> ADULT #2		/ /	<input type="checkbox"/> HEBREW <input type="checkbox"/> ENGLISH
	<input type="checkbox"/> ADULT #1 <input type="checkbox"/> ADULT #2		/ /	<input type="checkbox"/> HEBREW <input type="checkbox"/> ENGLISH
	<input type="checkbox"/> ADULT #1 <input type="checkbox"/> ADULT #2		/ /	<input type="checkbox"/> HEBREW <input type="checkbox"/> ENGLISH
	<input type="checkbox"/> ADULT #1 <input type="checkbox"/> ADULT #2		/ /	<input type="checkbox"/> HEBREW <input type="checkbox"/> ENGLISH
	<input type="checkbox"/> ADULT #1 <input type="checkbox"/> ADULT #2		/ /	<input type="checkbox"/> HEBREW <input type="checkbox"/> ENGLISH
	<input type="checkbox"/> ADULT #1 <input type="checkbox"/> ADULT #2		/ /	<input type="checkbox"/> HEBREW <input type="checkbox"/> ENGLISH
	<input type="checkbox"/> ADULT #1 <input type="checkbox"/> ADULT #2		/ /	<input type="checkbox"/> HEBREW <input type="checkbox"/> ENGLISH
	<input type="checkbox"/> ADULT #1 <input type="checkbox"/> ADULT #2		/ /	<input type="checkbox"/> HEBREW <input type="checkbox"/> ENGLISH

# MEMBERSHIP DUES

FAMILY — \$1,130

SINGLE — \$565

ASSOCIATE FAMILY\* — \$715

ASSOCIATE SINGLE\* — \$360

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

## 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

## 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: \_\_\_\_\_

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## 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: \_\_\_\_\_

