

**CONGREGATION BETH ISRAEL**

**43 Lois Street  
North Adams, MA 01247**

**MEMBERSHIP APPLICATION**

*Welcome to Congregation Beth Israel. We are delighted that you have chosen to become part of our community. We hope that you will find membership an enriching experience and encourage you to explore the diverse opportunities for Jewish expression that CBI offers. Please call upon our clergy, staff, and lay leaders whenever we can assist you in becoming part of our CBI family. All information in this application will be treated confidentially. Please call our office at (413) 663-5830 if you have any questions at all or need assistance in filling out this application.*

*Completed applications should be mailed or dropped off at the synagogue at the address above, or e-mailed to [cbioffice1@verizon.net](mailto:cbioffice1@verizon.net). Please print or type all information clearly.*

***PERSONAL INFORMATION***

	ADULT APPLICANT 1 [ ] male [ ] female	ADULT APPLICANT 2 [ ] male [ ] female
Title	[ ] Mr. [ ] Mrs. [ ] Ms. [ ] Other _____	[ ] Mr. [ ] Mrs. [ ] Ms. [ ] Other _____
Full Name		
Jewish Name (if known) <i>Please include first names of both parents, if known (e.g., Yosef ben Dan v'Chaya)</i>		
Date of Birth		
Special Accommodations Needed	[ ] Visual Impairment [ ] Hearing Impairment [ ] Physically Challenged [ ] Other _____	[ ] Visual Impairment [ ] Hearing Impairment [ ] Physically Challenged [ ] Other _____

***CONTACT INFORMATION***

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Preferred Contact: [ ] Home Phone [ ] Cell 1 [ ] Cell 2

Cell Phone 1: \_\_\_\_\_ Cell Phone 2: \_\_\_\_\_

E-mail 1: \_\_\_\_\_ E-mail 2: \_\_\_\_\_

***BUSINESS INFORMATION***

	ADULT APPLICANT 1	ADULT APPLICANT 2
Occupation / Title		
Area of Specialization		
Employer		

(please turn over)

**RELIGIOUS BACKGROUND**

	ADULT APPLICANT 1	ADULT APPLICANT 2
Are you Jewish? (regardless of whether by birth or by conversion)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Religious background in which you were raised	<input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Other _____ <input type="checkbox"/> Jewish unaffiliated	<input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Other _____ <input type="checkbox"/> Jewish unaffiliated
Able to read Hebrew?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Previous or current synagogue memberships (synagogue name, city, state, dates of membership):

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**YAHRTZEIT INFORMATION**

*(anniversaries of the deaths of loved ones)*

NAME	RELATIONSHIP	DATE (Hebrew* & English)

Please attach a separate sheet for additional names.

\* If you are uncertain about a Hebrew date, please provide the English date with the year of death; we will calculate the Hebrew date.

**CHILDREN'S INFORMATION**

	Child 1 <input type="checkbox"/> Male <input type="checkbox"/> Female	Child 2 <input type="checkbox"/> Male <input type="checkbox"/> Female	Child 3 <input type="checkbox"/> Male <input type="checkbox"/> Female	Child 4 <input type="checkbox"/> Male <input type="checkbox"/> Female
First and Middle Name				
Last Name (if different)				
Birth date (and grade, if applicable)				
Will attend religious school at CBI?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If previously attended religious school, list Congregation and City				

If you have more than four children, please attach an additional page.

Date of wedding anniversary (if applicable): \_\_\_\_\_

**PERSONAL PREFERENCES**

Please send newsletter to (check all that apply):  E-mail1  E-mail2  Other \_\_\_\_\_

If there is any information you do not want included in the directory, please indicate that here:

Home Address  Mailing Address  Home Phone  Cell Phone1  Cell Phone 2  
 E-mail 1  E-mail2  Business Information  Other \_\_\_\_\_

**ABOUT YOU**

Do you have any relatives or friends who are members of CBI?  Yes  No

If yes, please list: \_\_\_\_\_

How did you hear about CBI? \_\_\_\_\_

What led you to join our synagogue (check all that apply)?

- Jewish Learning       Spiritual Life       Cemetery       Tikkun Olam / Social Justice
- Religious School       Holiday Celebrations       Community       Other (please specify below):
- Bar/ Bat Mitzvah       Services       the Rabbi      \_\_\_\_\_

What would you hope to find in the synagogue community? \_\_\_\_\_

What committees and volunteer opportunities interest you (*see attached for descriptions*)?

- Education Committee       Shabbat Greeter       Website
- Membership Committee       Event Planning       Adult Education
- PR Committee       Building Committee       Spiritual Life
- Chevra Kadisha (care for the deceased)       Cemetery Committee       Newsletter
- Take & Eat (Meals on Wheels)       Religion Committee

Sometimes the synagogue needs volunteers with specific skills or interests. Are there other skills or interests that you would be willing to share with us?

- Cooking       Sewing / Needlework       Singing       Gardening       Plumbing       Public Relations
- Baking       Israeli Dancing       Painting       Driving       Carpentry       Leading Services
- Travel       Teaching Hebrew       Art       Music       Electrical       Chant from Torah
- Web or Graphic Design       Other: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Name of Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Dr. Name & Phone: \_\_\_\_\_

**SIGNATURES**

By signing below, you agree to abide by the by-laws, rules and regulations of Congregation Beth Israel.

\_\_\_\_\_  
Adult1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adult2

\_\_\_\_\_  
Date