Congregation Beth Israel

For Office Use Only
Received _____
Others Notified _____
ShulSuite _____

New Member Information

Welcome to Congregation Beth Israel. We are delighted you have chosen to become part of this community. Please feel free to call upon the clergy, staff, and lay leaders whenever we can help enrich your experience as part of the CBI family.

Personal Information (Use the tab button to move from field to field; if completing by hand, please print)

Adult 1 First and Last Name _____ ☐ Mr. ☐ Ms. ☐ Other _____

Nickname _____ Hebrew Name _____

Occupation / Title _____ ☐ Married ☐ Single ☐ Partnered

Employer _____ Work Number _____

Personal Pronouns (she, he, they, ze, etc. | learn more here.): _____ Date of Birth _____

Adult 2 First and Last Name _____ ☐ Mr. ☐ Ms. ☐ Other _____

Nickname _____ Hebrew Name _____

Occupation / Title _____ ☐ Married ☐ Single ☐ Partnered

Employer _____ Work Number _____

Personal Pronouns (she, he, they, ze, etc. | learn more here.): _____ Date of Birth _____

Special Accomodations Needed (mobility concerns, physial limitation): If yes, please describe your needs

Adult 1 _____ **Adult 2** _____

Please list any relatives who are affiliated with CBI:

_____

Religious Background

Adult 1 ☐ Reform ☐ Conservative ☐ Orthodox ☐ Jewish Unaffiliated ☐ Other _____

Adult 2 ☐ Reform ☐ Conservative ☐ Orthodox ☐ Jewish Unaffiliated ☐ Other _____

Previous Synagogue Attended, if any Adult 1 _____

Adult 2 _____

Mailing & Contact Information

Street _____ City _____ State _____ Zip _____

Adult 1 Home Phone _____ Other _____ ☐ Cell ☐ Work Email _____

Adult 2 Home Phone _____ Other _____ ☐ Cell ☐ Work Email _____

☐ **YES**, I would like to share my contact information with other CBI members in the membership directory.

☐ **NO**, please do not share my contact information with other CBI members.

Child 1 **Will this child be attending Religious School?** ☐ Yes ☐ No

Full Name _____ Date of Birth _____

Hebrew Name _____ Current Grade _____

Living at Home? ☐ Yes ☐ No Personal Pronouns (she, he, they, ze, etc. | learn more here.): _____

Child 2 **Will this child be attending Religious School?** ☐ Yes ☐ No

Full Name _____ Date of Birth _____

Hebrew Name _____ Current Grade _____

Living at Home? ☐ Yes ☐ No Personal Pronouns (she, he, they, ze, etc. | learn more here.): _____

Child 3 **Will this child be attending Religious School?** ☐ Yes ☐ No

Full Name _____ Date of Birth _____

Hebrew Name _____ Current Grade _____

Living at Home? ☐ Yes ☐ No Personal Pronouns (she, he, they, ze, etc. | learn more here.): _____

Emergency Contact

Adult 1 Name _____ Relationship _____

Phone _____

Adult 2 Name _____ Relationship _____

Phone _____

Yahrzeits

The names of your deceased loved ones can be read in services the Shabbat before the Yahrzeit date (the anniversary of death).

1. First Name / Last Name _____ Relationship _____

   Hebrew Name _____ Observe ☐ Hebrew or ☐ Secular Date

   Observed by: ☐ Adult 1 ☐ Adult 2 Date of Death (mm/dd/yyyy) _____

2. First Name / Last Name _____ Relationship _____

   Hebrew Name _____ Observe ☐ Hebrew or ☐ Secular Date

   Observed by: ☐ Adult 1 ☐ Adult 2 Date of Death (mm/dd/yyyy) _____

3. First Name / Last Name _____ Relationship _____

   Hebrew Name _____ Observe ☐ Hebrew or ☐ Secular Date

   Observed by: ☐ Adult 1 ☐ Adult 2 Date of Death (mm/dd/yyyy) _____

4. First Name / Last Name _____ Relationship _____

   Hebrew Name _____ Observe ☐ Hebrew or ☐ Secular Date

   Observed by: ☐ Adult 1 ☐ Adult 2 Date of Death (mm/dd/yyyy) _____

Member Connections

CBI is an active community and there are many ways to get involved! Tell us more about your interests below:
(Column 1 for Adult 1 and Column 2 for Adult 2)

Adult 1	Adult 2		Adult 1	Adult 2	
☐	☐	Adult Education	☐	☐	Fundraising
☐	☐	Social Action & Mitzvah Projects	☐	☐	Budget & Finance
☐	☐	Music - Choir or Band	☐	☐	Safety & Security
☐	☐	Teaching Tutoring	☐	☐	Building Maintenance & Repair
☐	☐	Ritual Practice Committee	☐	☐	Volunteering in the Office
☐	☐	Chevra Kadisha	☐	☐	Usher / Greeter / Ambassador
☐	☐	Membership Committee	☐	☐	Holiday Celebrations / Decorating
☐	☐	Caring Committee	☐	☐	Gift Shop
☐	☐	Preschool Committee	☐	☐	Gardening & Landscaping
☐	☐	Youth Programming	☐	☐	Technology / Computer Support
☐	☐	Tikkun Middot / Mindfulness	☐	☐	Israel Engagement
☐	☐	LGBTQ	☐	☐	Hadassah (Charlottesville Chapter)
☐	☐	Senior Connections	☐	☐	Young Professionals Program / JewC

Please use this space to tell us about your passions, talents and interests:

Adult 1 _____

_____

_____

Adult 2 _____

_____

_____

One way CBI helps congregants get connected is by including a short biography of new members in our weekly e-announcements. If you would like to be included in this, please use this space below to share your story (eg. Reason for coming to Charlottesville area, career, hometown,what you look forward to participating in at CBI). If you would prefer to be contacted by our Communications and Connections Manager to help write a bio, please check here: ☐

I _____ wish to participate in Congregation Beth Israel, making a personal and financial commitment to the support and continuation of this community.

Signature _____ Date _____

Return this document, along with the Synagogue Support Commitment Form to P.O. Box 320, Charlottesville, VA 22902. Questions? Call (434) 295-6382. You may also fill out this document digitally and send it to office@cbicville.org.