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| --- |
| **Date completed** |  |
| **HOUSEHOLD INFORMATION** |
|  | **Adult 1** | **Adult 2** |
| **First name**  |  |  |
| **Last name(s)** |  |  |
| **Address** |
| **Preferred telephone #** |  |  |
| **Alternate telephone #** |  |  |
| **Email address** |  |  |
| **Date of birth (mm/dd/yyyy)** |  |  |
| **Anniversary (mm/dd/yyyy)** |  |  |
| **Occupation** |  |  |
| **Employer’s name** |  |  |
| **Hebrew name** |  |  |
| **Indicate: Kohen, Levi, Israelite,** **Not Jewish** |  |  |
| **CHILDREN - 26 and younger (Use additional sheets as necessary)** |
|  | **Child 1** | **Child 2** | **Child 3** | **Child 4** |
| **First name** |  |  |  |  |
| **Last name** |  |  |  |  |
| **Hebrew name** |  |  |  |  |
| **Date of birth (mm/dd/yyyy)** |  |  |  |  |
| **Current Public/****Private School Grade** |  |  |  |  |
| **Indicate: Kohen, Levi, Israelite,** **Not Jewish** |  |  |  |  |

***Please continue to next page Page 1 of 3***

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| **Volunteer** |
| **Joining a committee/auxiliary at CBE is a wonderful way to become a part of the CBE community. Please let us know which groups interest you and you will be contacted by one of the committee members. Print the name of the interested household member in the space provided.** |
| **Committee/auxiliary** | **Name(s) of interested household member** |
| **[ ] Adult Programming** |  |
| **[ ] Beth Emeth Early Childhood Center (BEECC)** |  |
| **[ ] Communications & Publicity** |  |
| **[ ] Endowment** |  |
| **[ ] Finance & Budget** |  |
| **[ ] Food Service** |  |
| **[ ] Fundraising** |  |
| **[ ] Hazak (Seniors)** |  |
| **[ ] House & Facilities** |  |
| **[ ] Israel Support** |  |
| **[ ] Long Range Planning** |  |
| **[ ] Membership** |  |
| **[ ] Men’s Club** |  |
| **[ ] Religious School** |  |
| **[ ] Ritual** |  |
| **[ ] Sisterhood** |  |
| **[ ] Social Action & Community Relations** |  |
| **[ ] Technology** |  |
| **[ ] Youth Activities** |  |
| **Special Interests** |
| **CBE has a number of interesting program areas. Please let us know which ones you are interested in by printing the name of the household member(s).**  |
| **Communications:** | **Youth Programs:** |
| **[ ]  Graphic Design**  | **[ ]  Collegians of CBE** |
| **[ ]  Marketing** | **[ ]  USY (grades 9-12)**  |
| **[ ]  Photography** | **[ ]  Kadima (grades 6-8)** |
| **[ ]  Shofar (CBE newsletter)** | **[ ]  Machar (grades 4-5)** |
| **[ ]  Website editing** | **[ ]  Bonim (grades 2-3)** |
| **Ritual:** | **[ ]  Nitzanim (K-1)** |
| **[ ]  Participate in High Holidays**  | **[ ]  Scouting** |
| **[ ]  Lead a service** | **Adult Programs:** |
| **[ ]  Serve as Gabbai** | **[ ]  Adult Chorale**  |
| **[ ]  Develop and Deliver a Sermon/Drash** | **[ ]  Front Office Assistance** |
| **[ ]  Read/Chant Torah/Haftorah** | **[ ]  Library** |
| **[ ]  Other** | **[ ]  Mashgiach/kitchen** |
| **School:** | **[ ]  Young Jewish Professionals** |
| **[ ]  Pre-school teacher/substitute** | **[ ]  Something else: Tell us what you are interested in** |
| **[ ]  Religious school teacher/substitute** |
| **[ ]  Other** |

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| **Please tell us…** |
| **Are you or have you been a member of another synagogue? If so, name/location.** |
| **How did you hear about Congregation Beth Emeth?** |
| **Were you referred by a current CBE member? If so, please tell us who?** |
| **Anything else you’d like us to know?** |
| **Yahrzeit Information** |
| **To be included on Yahrzeit lists and for kaddish notifications. For additional family members, please attach a separate sheet.** |
| **Relative(s) of** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **First name of deceased** | 1. | 2. | 3.  | 4. |
| **Last name of deceased** |  |  |  |  |
| **Relationship to deceased** |  |  |  |  |
| **Civil date/time of death (mm/dd/yyyy)/time** |  |  |  |  |
| **Hebrew date/time of death (if known)****mm/dd/yyyy** |  |  |  |  |
| **Relative(s) of** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **First name of deceased** | 1. | 2. | 3.  | 4. |
| **Last name of deceased** |  |  |  |  |
| **Relationship to deceased** |  |  |  |  |
| **Civil date/time of death (mm/dd/yyyy)/time** |  |  |  |  |
| **Hebrew date/time of death (if known)****mm/dd/yyyy** |  |  |  |  |

*There are numerous photo opportunities throughout the year for publicizing our activities in various venues. CBE respects your right to privacy. Please sign below if you wish to opt out of all publicity photos.*

**I do not give Congregation Beth Emeth permission for members of my household to participate in any publicity for Congregation Beth Emeth.**

Signature: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­ ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_