



Date completed	
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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				

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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
<input type="checkbox"/> Adult Programming	
<input type="checkbox"/> Beth Emeth Early Childhood Center (BEECC)	
<input type="checkbox"/> Communications & Publicity	
<input type="checkbox"/> Endowment	
<input type="checkbox"/> Finance & Budget	
<input type="checkbox"/> Food Service	
<input type="checkbox"/> Fundraising	
<input type="checkbox"/> Hazak (Seniors)	
<input type="checkbox"/> House & Facilities	
<input type="checkbox"/> Israel Support	
<input type="checkbox"/> Long Range Planning	
<input type="checkbox"/> Membership	
<input type="checkbox"/> Men's Club	
<input type="checkbox"/> Religious School	
<input type="checkbox"/> Ritual	
<input type="checkbox"/> Sisterhood	
<input type="checkbox"/> Social Action & Community Relations	
<input type="checkbox"/> Technology	
<input type="checkbox"/> 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: <input type="checkbox"/> Graphic Design <input type="checkbox"/> Marketing <input type="checkbox"/> Photography <input type="checkbox"/> Shofar (CBE newsletter) <input type="checkbox"/> Website editing	Youth Programs: <input type="checkbox"/> Collegians of CBE <input type="checkbox"/> USY (grades 9-12) <input type="checkbox"/> Kadima (grades 6-8) <input type="checkbox"/> Machar (grades 4-5) <input type="checkbox"/> Bonim (grades 2-3) <input type="checkbox"/> Nitzanim (K-1) <input type="checkbox"/> Scouting
Ritual: <input type="checkbox"/> Participate in High Holidays <input type="checkbox"/> Lead a service <input type="checkbox"/> Serve as Gabbai <input type="checkbox"/> Develop and Deliver a Sermon/Drash <input type="checkbox"/> Read/Chant Torah/Haftorah <input type="checkbox"/> Other	Adult Programs: <input type="checkbox"/> Adult Chorale <input type="checkbox"/> Front Office Assistance <input type="checkbox"/> Library <input type="checkbox"/> Mashgiach/kitchen <input type="checkbox"/> Young Jewish Professionals
School: <input type="checkbox"/> Pre-school teacher/substitute <input type="checkbox"/> Religious school teacher/substitute <input type="checkbox"/> Other	<input type="checkbox"/> Something else: Tell us what you are interested in

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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 _____

	1.	2.	3.	4.
First name of deceased				
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 _____

	1.	2.	3.	4.
First name of deceased				
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: _____