

# MEMBERSHIP INFORMATION

## Beth Israel Congregation • 2000 Washtenaw • Ann Arbor, MI 48104

We would appreciate the following information so that we may both keep you informed and assist you in every way possible.

*Date Completed* \_\_\_\_\_

Names(s) \_\_\_\_\_  
(Please print name(s) exactly as you wish to be listed in the annual membership directory)

Home Address \_\_\_\_\_ Email \_\_\_\_\_

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

Please check this box if you would like us to share your name and contact information with the Jewish Community of Ann Arbor (Jewish Federation, Washtenaw Jewish News, and Jewish Community Center).

**PLEASE FILL OUT FOR EACH ADULT MEMBER OF HOUSEHOLD**

Full Name: _____	
Hebrew Name (in English) _____	
Father's Hebrew Name _____	
Mother's Hebrew Name _____	
Kohen/Levi/Yisrael _____	
Date of Birth _____	
Occupation _____	
Business Name _____	
Address _____	
City, State, Zip _____	
Daytime Telephone/Fax _____	
Jewish Background: <input type="checkbox"/> Conservative <input type="checkbox"/> Reform <input type="checkbox"/> Orthodox <input type="checkbox"/> Reconstructionist <input type="checkbox"/> Other _____ <input type="checkbox"/> Jew by Choice Conversion Date _____	<input type="checkbox"/> Conservative <input type="checkbox"/> Reform <input type="checkbox"/> Orthodox <input type="checkbox"/> Reconstructionist <input type="checkbox"/> Other _____ <input type="checkbox"/> Jew by Choice Conversion Date ____

*The Conservative movement continues to uphold matrilineal descent. Children born of a non-Jewish mother who are interested in claiming their Jewish identity can do so through a simple immersion in water. If you would like to discuss this further, please call and speak with Rabbi Caine at (734) 665-9897.*

Name/Community of previous Congregation \_\_\_\_\_

Are you related to other Beth Israel Members? Who? \_\_\_\_\_

As a participatory congregation we encourage members to lead or chant various parts of the service.

**Are there any synagogue skills you wish to share, or learn?**

I know how to:

- Read from the Torah
- Chant a Haftorah
- Lead a Service
- Blow a Shofar
- Other \_\_\_\_\_

I want to learn to:

- 
- 
- 
- 
- 

I know how to:

- Read from the Torah
- Chant a Haftorah
- Lead a Service
- Blow a Shofar
- Other \_\_\_\_\_

I want to learn to:

- 
- 
- 
- 
- 

**CHILDREN**

Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade in Sept \_\_\_\_\_

Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade in Sept. \_\_\_\_\_

Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade in Sept. \_\_\_\_\_

**OTHER PERSON(S) IN HOUSEHOLD**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

**Yahrzeit Record:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ English Date (including year) \_\_\_\_\_ Hebrew Date \_\_\_\_\_

If Hebrew Date is not Known  
please indicate if before or  
after sunset on English date.

Name	Relationship	English Date (including year)	Hebrew Date

Does your family have a cemetery plot?  Yes Location \_\_\_\_\_  No

**REMARKS**

Do you have any special needs that you feel the Rabbi or congregation should be aware of?

\_\_\_\_\_

Are there any aspects of synagogue or Jewish life which you would like more information on?

\_\_\_\_\_

Please indicate any other special talents, skills, or interests, you are willing to share with the congregation.