



Membership Application

We are delighted that you are choosing to be part of our community. Please complete all sections of this form, as well as a Membership Pledge form. This information enables us to find ways to enrich your experience with us. All information will be treated in a confidential and respectful manner. Your information will be shared with the appropriate committee chairs.

Date: _____

FAMILY AND MAILING INFORMATION			
Name to be used for mailings:			
Mailing address:			
City:	State:	ZIP	Home phone:
Personal Status: (Circle)	Partners Married (date)_____	Interfaith? Y N	Single Divorced Widowed
Preferred e-mail for mailings			
The Koleinu is distributed by e-mail (automatically) and by standard mail every two months. Would you like a hard copy? Y ___ N ___	The Chadashot is emailed weekly and provides upcoming events and activities. Would you like to receive it? Y ___ N ___	Would you like to be matched with a mentor family? Y ___ N ___	
How long have you lived here?	Are there non-members in your home? Relationship?		
Does anyone in your household need special accommodations? Please describe:			
ADULT APPLICANT 1	MALE ___ FEMALE ___	NON-BINARY ___	PREFERRED PRONOUN _____
Full Name: Mr. Mrs. Ms. Dr. ____			
Hebrew Name (if known):			
Birth date:	E-mail:	Cell phone	
Address if not mailing address			
Occupation/Title:			
Employer:	Business phone/Email:		
RELIGIOUS BACKGROUND:			
Religion in which you were raised: Reform Conservative Orthodox Jewish unaffiliated Other _____			
If you converted to Judaism, what city, congregation and date?			
If you had a bar/bat mitzvah, what city, congregation and date?			
If you were confirmed, what city, congregation and date?			
Do you read Hebrew? Y N	Do you chant Torah? Y N	Were you previously a member of CBI? If so, when?	
If you have relatives at CBI, who are they and what is their relationship to you?			

ADULT APPLICANT 2 **MALE** ___ **FEMALE** ___ **NON-BINARY** ___ **PREFERRED PRONOUN** _____

Full Name: Mr. Mrs. Ms. Dr. ____

Hebrew Name (if known)

Birth date	E-mail	Cell phone
------------	--------	------------

Address if not mailing address

Occupation/Title

Employer:	Business phone/email:
-----------	-----------------------

RELIGIOUS BACKGROUND:

Religion in which you were raised: Reform Conservative Orthodox Jewish unaffiliated Other _____

If you converted to Judaism, what city, congregation and date?

If you had a bar/bat mitzvah, what city, congregation and date?

If you were confirmed, what city, congregation and date?

Do you read Hebrew? Y N	Do you chant Torah? Y N	Were you previously a member of CBI? If so, when?
-------------------------	-------------------------	---

If you have relatives at CBI, who are they and what is their relationship to you?

CHILDREN INFORMATION (ATTACH ANOTHER PAGE FOR ADDITIONAL CHILDREN)

Child 1 **Male** ___ **Female** ___ **Non-Binary** ___ **Preferred Pronoun** _____

Full Name

Hebrew Name (if known):

Birth date:	cell phone	email
-------------	------------	-------

Address if different

Is this child being raised in the Jewish faith? Y N	Is this child attending Shalom School? Y N	Will this child attend CBI Religious School? Y N	Last religious school attended?
---	--	--	---------------------------------

Name/grade in secular school:

Currently enrolled in college? Where?

Bar/bat mitzvah date, congregation, city:

Confirmation date, congregation, city

Child 2 **Male** ___ **Female** ___ **Non-Binary** ___ **Preferred Pronoun** _____

Full Name

Hebrew Name (if known):

Birth date:	cell phone	email
-------------	------------	-------

Address if different

Is this child being raised in the Jewish faith? Y N	Is this child attending Shalom School? Y N	Will this child attend CBI Religious School? Y N	Last religious school attended?
---	--	--	---------------------------------

Name/grade in secular school:

Currently enrolled in college? Where?

Bar/bat mitzvah date, congregation, city:

Confirmation date, congregation, city

Child 3 Male ___ Female ___ Non-Binary ___ Preferred Pronoun _____			
Full Name _____			
Hebrew Name (if known): _____		_____	
Birth date: _____	cell phone _____	email _____	
Address if different _____			
Is this child being raised in the Jewish faith? Y N	Is this child attending Shalom School? Y N	Will this child attend CBI Religious School? Y N	Last religious school attended? _____
Name/grade in secular school: _____		_____	
Currently enrolled in college? _____	Where? _____		
Bar/bat mitzvah date, congregation, city: _____			
Confirmation date, congregation, city _____			

Yahrzeit Information

To receive reminders of Yahrzeit dates, please list information below. You will receive a reminder before the date of each Yahrzeit. Names of the departed are read during the Friday evening and Saturday morning service following the anniversary of death. Do you want to be reminded on the Secular ___ or the Hebrew ___ date?

Name	Family relationship	Date of death:
(attach a sheet for additional names)		

Cemetery Information

Do you own a cemetery plot, mausoleum, crypt or niche? Yes ___ No ___

If yes, location _____

Would you like information about Home of Peace, the Jewish cemetery in Sacramento Yes ___ No ___