



## Membership Application

We are delighted that you are choosing to be part of our community. Please complete this form and 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 staff and committee chairs.

Date: \_\_\_\_\_

FAMILY AND MAILING INFORMATION			
Name(s) to be used for mailings:			
Mailing address:			
City:	State:    ZIP:	Preferred Phone(s)	
Personal Status:	Partners/Married Y ___ N ___ Anniversary (date) _____	Interfaith? Y ___ N ___	Single ___ Divorced ___ Widowed ___
Email(s) for mailings:			
How long have you lived here? _____ Are there non-members in your home? Relationship?			
Does anyone in your household need special accommodations? Please describe:			
We have several email options to enable you to stay connected with CBI activities. We will email each of these to you unless you opt out:			
A. No ___	A. <b>The Chadashot:</b> a weekly summary of upcoming events and activities:		
B. No ___	B. Membership <b>life cycle notices</b> (births, deaths, etc.)		
C. No ___	C. <b>Adult Education</b> classes		
D. No ___	D. <b>Social Justice</b> events		
E. No ___	E. <b>The Koleinu:</b> the CBI newsletter is distributed by email (automatically). Would you like to receive it by standard mail as well?		
Would you like to be matched with a mentor family? Y ___ N ___			
<b>ADULT APPLICANT 1</b> <b>MALE</b> ___ <b>FEMALE</b> ___ <b>NON-BINARY</b> ___ <b>PREFERRED PRONOUN</b> _____			
Full Name (and Title):			
Hebrew Name (if known):			
Birth date:	cell phone:	email:	
Address if not mailing address			
Occupation/Title:			
Employer:		Business phone/email:	
RELIGIOUS BACKGROUND:			
Tradition 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 in the Jewish faith, 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?			

<b>ADULT APPLICANT 2</b>		<b>MALE</b> ___	<b>FEMALE</b> ___	<b>NON-BINARY</b> ___	<b>PREFERRED PRONOUN</b> _____
Full Name (and Title):					
Hebrew Name (if known):					
Birth date:		cell phone:		email:	
Address if not mailing address					
Occupation/title:					
Employer:				Business phone/email:	
<b>RELIGIOUS BACKGROUND:</b>					
Tradition 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 in the Jewish faith, 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?					
<b>CHILDREN INFORMATION</b> (ATTACH ANOTHER PAGE FOR ADDITIONAL CHILDREN)					
<b>Child 1</b>		<b>Male</b> ___ <b>Female</b> ___		<b>Non-Binary</b> ___ <b>Preferred Pronoun</b> _____	
Full Name:					
Hebrew Name (if known):					
Birth date:		cell phone:		E-mail:	
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 of/grade in secular school or college:					
Bar/bat mitzvah date, congregation, city:					
Confirmation date, congregation, city					
<b>Child 2</b>		<b>Male</b> ___ <b>Female</b> ___		<b>Non-Binary</b> ___ <b>Preferred Pronoun</b> _____	
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 of/grade in secular school or college?					
Bar/bat mitzvah date, congregation, city:					
Confirmation date, congregation, city:					

<b>Child 3</b> <b>Male</b> ___ <b>Female</b> ___ <b>Non-Binary</b> ___ <b>Preferred Pronoun</b> _____			
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 of/grade in secular school or college:			
Bar/bat mitzvah date, congregation, city:			
Confirmation date, congregation, city:			

**Yahrzeit Information**

To receive reminders of Yahrzeit dates (the anniversary of a death), 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. (attach a sheet for additional names)

**Do you want to be reminded on the Secular \_\_\_\_\_ or the Hebrew \_\_\_\_\_ date?**

Name:	Family relationship:	Date of death:

**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\_\_\_

Is there anything else you would like to tell us so that we will know you better?  
Your hobbies and activities? A preferred nickname? A spiritual interest?

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