



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 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. Yes ___ No ___	A. The Chadashot: a weekly summary of upcoming events and activities:		
B. Yes ___ No ___ Yes ___ No ___	B. Membership life cycle notices (births, deaths, etc.) May we include your email and address for members to send you congratulations/condolences?		
C. Yes ___ No ___	C. Adult Education classes		
D. Yes ___ No ___	D. Social Justice events		
E. Yes ___ No ___	E. The Koleinu: the CBI newsletter is distributed by email (automatically). Would you like to receive it by standard mail as well?		
ADULT APPLICANT 1	MALE ___	FEMALE ___	NON-BINARY ___ PREFERRED PRONOUN _____
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?			

ADULT APPLICANT 2		MALE ___	FEMALE ___	NON-BINARY ___	PREFERRED PRONOUN _____
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?					
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:		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:					
I					
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 of/grade in secular school or college?					
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 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? A preferred nickname? A spiritual interest?

Signature: _____ Date _____