



Welcome To Congregation B'nai Tzedek

Membership Application

10621 South Glen Road Potomac, MD 20854

telephone: 301/299-0225 . www.bnaitzedek.org . info@cbtpotomac.org

(Please print clearly and answer all questions. If a question does not apply, please indicate with n/a)

ADULT 1: _____ Nickname: _____
 Last First MI

Home Street Address: _____ City State Zip

Home Phone: _____ Date of Birth: _____

Marital Status: ☐ Single ☐ Married (Date of Marriage: _____) ☐ Committed ☐ Widowed ☐ Separated ☐ Divorced ☐ Partnered

Hebrew Name: _____ ☐ Israelite ☐ Cohen ☐ Levi ☐ Convert ☐ Not Jewish

Occupation: _____ Name of Employer/Business: _____

Work Street Address: _____ City State Zip

Email Address: _____ Gender: ☐ M ☐ F

Cell Phone: _____ Work Phone: _____

ADULT 2: _____ Nickname: _____
 Last First MI

Hebrew Name: _____ ☐ Israelite ☐ Cohen ☐ Levi ☐ Convert ☐ Not Jewish

Occupation: _____ Name of Employer/Business: _____

Work Street Address: _____ City State Zip

Email Address: _____ Gender: ☐ M ☐ F

Cell Phone: _____ Work Phone: _____ Date of Birth: _____

Please complete the information below if you have children:

English Name	Email Address	Date of Birth	Gender	Lives with you?	Grade	Name of School
			<input type="checkbox"/> M <input type="checkbox"/> F			
			<input type="checkbox"/> M <input type="checkbox"/> F			
			<input type="checkbox"/> M <input type="checkbox"/> F			
			<input type="checkbox"/> M <input type="checkbox"/> F			

Have either you or your children undergone a conversion? ☐ Yes ☐ No

Are any of your children adopted? ☐ Yes ☐ No If so, did they undergo a conversion? ☐ Yes ☐ No

If you have answered "yes" to either of these questions, please fill in below:

Name	Date of conversion	Where did conversion take place?

Please list the names of relatives whose yahrzeits you observe and for whom you say Kaddish. All information must be provided in order for us to send you a reminder letter each year on the anniversary of their yahrzeit.

English Name of Deceased	Relationship to which member?	Date, Month, Year & Approximate Time of Death (all of this information is required)

please complete both sides of this application

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INTERESTS/ACTIVITIES/PASSIONS: We value your engagement in our community. By getting to know you and your family better, we will be able to make suggestions to help you make connections within our congregational family, and truly make CBT your home. If you are a family/couple we would like to learn more about ALL of you and your Jewish journey!

What are your hobbies and interests? (ie. biking, reading, singing, etc.)

Adult 1 _____

Adult 2 _____

1. Is there a skill, hobby or talent you would like to share with the community? (ie. community organizing, leading services, teaching yoga, etc.)

Adult 1 _____

Adult 2 _____

2. How did you hear about CBT? (ie. friends, newspaper, internet, etc.) _____

3. What about Judaism do you enjoy or are interested in learning more about? (ie. attending services, educating your children, learning to read Hebrew, etc.)

Adult 1 _____

Adult 2 _____

4. In what areas of synagogue life are you interested in learning more or taking an active role? Check as many as apply.

LIVE: ☐ Weekday and Shabbat Services ☐ Family and Children's Services ☐ Holiday Celebrations

LEARN: ☐ Infants and Young Children ☐ Religious School ☐ Youth Groups ☐ Adult Education

LEAD: ☐ CBT Young Professionals ☐ Empty Nesters ☐ Social Action ☐ Sisterhood ☐ Brotherhood ☐ Hazak (retired adults) ☐ Israel Affairs

ENJOY: ☐ Social Events ☐ Fundraisers ☐ Adult Choir

5. Is there anything else you would like to share with us? _____

RITUAL SERVICE PARTICIPATION OPPORTUNITIES: Our synagogue offers many opportunities for participation in the rituals of the service. Please indicate your interest below:

	Adult1	Adult2
TORAH READING	<input type="checkbox"/>	<input type="checkbox"/> I have knowledge of this area and would be willing to help at a service.
or HAFTARAH:	<input type="checkbox"/>	<input type="checkbox"/> I do not have knowledge in this area but would be interested in learning.
SHOFAR BLOWING:	<input type="checkbox"/>	<input type="checkbox"/> I have knowledge of this area and would be willing to help at a service.
	<input type="checkbox"/>	<input type="checkbox"/> I do not have knowledge in this area but would be interested in learning.
LEADING WEEKDAY	<input type="checkbox"/>	<input type="checkbox"/> I have knowledge of this area and would be willing to help at a service.
MINYAN:	<input type="checkbox"/>	<input type="checkbox"/> I do not have knowledge in this area but would be interested in learning.
LEADING SHABBAT SERVICES:	<input type="checkbox"/>	<input type="checkbox"/> I have knowledge of this area and would be willing to help at a service.
	<input type="checkbox"/>	<input type="checkbox"/> I do not have knowledge in this area but would be interested in learning.
ACTING AS	<input type="checkbox"/>	<input type="checkbox"/> I have knowledge of this area and would be willing to help at a service.
GABBAY:	<input type="checkbox"/>	<input type="checkbox"/> I do not have knowledge in this area but would be interested in learning.

Were you, or are you presently, affiliated with another synagogue? ☐ No ☐ Yes If so, list which one and indicate if you are still a member:

_____ Still a member? ☐ No ☐ Yes

Name of Synagogue

City

State

As part of my/our membership in Congregation B'nai Tzedek, I/we agree to pay the Building Fund obligation as stated on the Membership Rate Schedule for the current year.

****Personal financial arrangements may be made by contacting the Executive Director, Scott Katz at 301/299-0225 ext. 307 or by email at skatz@cbtpotomac.org. All information shall remain confidential.**

WHEN APPLYING FOR A FAMILY MEMBERSHIP, THIS APPLICATION MUST BE SIGNED AND DATED BY BOTH PARTIES
I/We understand this application for membership in Congregation B'nai Tzedek commits me/us to the dues and fees outlined above, and is an agreement to abide by its Constitution and By-Laws, which are available upon request. I/We further agree that part of my/our obligation to the synagogue includes ushering, approximately twice a year, and participating in the daily minyan (approximately one day a week for one month each year), as assigned by the synagogue office. If I/we am/are unable to fulfill my/our ushering or minyan responsibility on my assigned date(s), I/we assume full responsibility for securing a replacement.

Signature: _____

Signature: _____

Date: _____

Date: _____