

חברה אחינו בני ישראל Congregation Brothers of Israel

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MEMBERSHIP REGISTRATION FORM

We request this information for our confidential member files.
Your assistance will allow us to serve you better. If you have any questions,
please contact our office. **Welcome to Brothers of Israel.**

NEW MEMBERS, PLEASE ENCLOSE YOUR FIRST DUES PAYMENT
WITH THIS MEMBERSHIP REGISTRATION.

HOUSEHOLD DATA											
Please <input checked="" type="checkbox"/> use black ink <input checked="" type="checkbox"/> print clearly <input checked="" type="checkbox"/> complete all information requested <input checked="" type="checkbox"/> call the Brothers of Israel office with questions											
ADULT MEMBERS [Adult(s) who bear membership fiscal responsibility]											
FIRST ADULT HEAD OF HOUSEHOLD						SECOND ADULT HEAD OF HOUSEHOLD					
1 - Full English Name:						2 - Full English Name:					
1 - Full Hebrew Name: = your Hebrew name + ben(son of)/bat(daughter of) + your father's Hebrew name + your mother's Hebrew name:						2 - Full Hebrew Name: = your Hebrew name + ben(son of)/bat(daughter of) + your father's Hebrew name + your mother's Hebrew name:					
1 - Date of Birth:			1 - Gender (male) (female)			2 - Date of Birth:			2 - Gender (male) (female)		
1 - Marital Status: (Circle One) (single) (married) (divorced) (widowed)						2 - Marital Status: (Circle One) (single) (married) (divorced) (widowed)					
1 - Circle One:		Kohen		Levi		2 - Circle One:		Kohen		Levi	
1 - Religious Background:		Conservative		Reform		2 - Religious Background:		Conservative		Reform	
		Reconstructionist		Other:				Reconstructionist		Other:	
1 - Read Hebrew?		Yes		No		2 - Read Hebrew?		Yes		No	
HOUSEHOLD'S Previous Congregation, if any (Name, City, State):											
HOUSEHOLD'S Mailing Address, Street:						Apartment:		P.O. Box:			
City:						State:		Zip Code:			
Home Area Code and Phone:											
1 - Work Area Code and Phone:						2 - Work Area Code and Phone:					
1 - Cell Area Code and Phone:						2 - Cell Area Code and Phone:					
1 - Pager/Beeper #:						2 - Pager/Beeper #:					
1 - Email:				<input type="checkbox"/> work ? <input type="checkbox"/> home?		2 - Email:				<input type="checkbox"/> work ? <input type="checkbox"/> home?	
1 - Occupation:				<input type="checkbox"/> full? or <input type="checkbox"/> part time?		2 - Occupation:				<input type="checkbox"/> full? or <input type="checkbox"/> part time?	
1 - Skills & Interests: Please list, & can you..		Teach		Lead		Chair		Help		2 - Skills & Interests: Please list, & can you..	

CHILDREN RESIDING IN HOUSEHOLD (Residing full or part time, through college age)					
	English Name: First, Middle, Last	Hebrew Name:	M/F	Birthdate	Public School & Grade
1					
2					
3					
4					

Please list household members *other than* children

Please list relatives in our Congregation and state how they are related

Does the family have a cemetery plot? _____ If so, where? _____

YAHRTZEIT INFORMATION

(We observe ☐ Hebrew Date ☐ English Date)

Brothers of Israel will send notice annually, approximately one month of the Hebrew anniversary of death, as a reminder of the yahrzeit of your loved one. Attach another sheet if needed. If the Hebrew date of death is not known, please indicate time of day on the English date, to help establish the correct Hebrew date.

English Name of Loved One: First, MI, Last	English Date of Death (Month, Day, Year)	Before or after sundown?	Hebrew Date of Death if known	Relationship, to which adult member (e.g., Samuel's father, son of Samuel and Esther, Esther's mother-in-law)

PERMISSION TO USE IMAGES OF HOUSEHOLD MEMBERS

Please indicate below your permission for BOI to record and use photographs and video of each household member for publicity purposes in our newsletter, on our website, in brochures, and for other materials.

Name of family member	My signature next to my own name indicates permission for BOI to use photos/videos of <u>me</u> .	My signature next to a child's name indicates my permission for BOI to use photos/videos of <u>my minor child named at left</u> .
x	x	x
x	x	x
x	x	x
x	x	x
x	x	x
x	x	x

Married Children

Married Name	Date of Birth	Resident of	Names of Grandchildren	Ages

Please state activities and positions held in previous Congregation(s)

Please list here special talents, interests, honors, awards, books published, memberships in clubs and communal organizations (include offices held), etc.

We would like to participate on the following committees

- | | | |
|--|---|--|
| <input type="checkbox"/> Membership | <input type="checkbox"/> Adult Education | <input type="checkbox"/> Ritual |
| <input type="checkbox"/> House | <input type="checkbox"/> Board of Education | <input type="checkbox"/> Finance |
| <input type="checkbox"/> Youth | <input type="checkbox"/> Ways and Means | <input type="checkbox"/> Concerts/Special Events |
| <input type="checkbox"/> Parent/Teacher Organization | <input type="checkbox"/> Men's Club | <input type="checkbox"/> Sisterhood |

I (we) hereby apply for membership in Congregation Brothers of Israel. If accepted, I (we) agree to accept the responsibilities and privileges of membership, and to pay the total of all financial obligations, as well as abide by the constitution and by-laws of the congregation.

Date: _____ Signature(s): _____