

# New Member Family Information Form

FOR OFFICE USE	ID	DATE
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## First Adult - Basic Information

First Name*	Nickname	Middle Name	Last Name*
Maiden Name	Email Address*	Birthdate*	
Phone Number*	Home Cell		MM/DD/YYYY
Home Cell		Alternate Phone Number	Home Cell
Address*		City*	State* Zip*
Full Hebrew Name (Including Parents)		Tribe	
Ex: Issac David Ben Abram v Sarah		Kohen Levi Yisrael I don't Know None	
Occupation*		Place of Employment	
Business Phone	Ext.	Business Email Address	
jacob@gmail.com, write "None@gmail.com" if no email			

## First Adult - Background

Have you moved to St. Louis in the last 5 years?	No	Yes, year of move:
Name of last city:	Were you affiliated with a Congregation in that city?	Yes No
City, State (St. Louis, MO)		
Which Congregation?	What is your birthplace?	

## First Adult - Religious Background

Please check all that apply *	I can recite the Brachot for Torah	I can chant Torah	I can chant Haftarah
	I can lead a Daily Service	Other	None of the above
What was your affiliation growing up?	Reform	Conservative	Orthodox
Did you have a Bar/Bat Mitzvah? *	No	Yes, what date?	I don't know Other
Are you currently a member of another synagogue?	No	Yes, name and location:	
If you converted to Judaism, in what year?	If you are not Jewish, what denomination are you?		
Do you have cemetery plots?	No	I don't know	Yes, where:

<b>Marital Status</b>	Single	Married, Date:	Engaged	Significant Other	Divorced	Widow/Widower
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Do you have any children? No Yes, how many?

Items with an \* are required

Please complete all five pages of this form.  
Membership/family info for ShulCloud **PG1**

# New Member Family Information Form

## Second Adult - Basic Information

First Name*	Nickname	Middle Name	Last Name*
Maiden Name	Email Address*	Birthdate*	
jacob@gmail.com, write "None@gmail.com" if no email		MM/DD/YYYY	
Phone Number	Home	Alternate Phone Number	Home Cell
		Preferred Contact Method: Email Phone	
		Best time to reach you:	
Address (If different from First Adult)*		City*	State* Zip*
Full Hebrew Name (Including Parents)		Tribe	
		Kohen Levi Yisrael I don't Know None	
Ex: Issac David Bar Abram v Sarah			
Occupation*		Place of Employment	
Business Phone	Ext.	Business Email Address	

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## Second Adult - Background

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Name of last city:	Were you affiliated with a Congregation in that city?	Yes No
City, State (St. Louis, MO)		
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## Second Adult - Religious Background

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Did you have a Bar/Bat Mitzvah?	No	Yes, what date?	
Are you currently a member of another synagogue?	No	Yes, name and location:	
If you converted to Judaism, in what year?	If you are not Jewish, what denomination are you?		
Do you have cemetery plots?	No	I don't know	Yes, where:

# New Member Family Information Form

	Child 1	Child 2	Child 3	Child 4
Title (Mr., Ms., Miss, etc)				
First Name				
Nickname				
Middle Name				
Last Name				
Hebrew Name (In English and Transliterated)				
Secular Birth Date Was birth after sundown?				
Sex				
Cell Phone				
Email				
Lives at home?				
Married?				
Current Grade/Year				
Current School District				
College Attended				
High School Attended				
Middle School Attended				
Elementary School Attended				
Religious School Attended				

	Yahrzeit 1	Yahrzeit 2	Yahrzeit 3	Yahrzeit 4
First Name of Deceased				
Last Name of Deceased				
Hebrew Name (In English and Transliterated)				
Relationship and to Whom:				
Secular Date of Death				
Hebrew Date of Death				
Was death after sundown?				

# New Member Family Information Form

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## Additional Information

Do you have friends or family who are currently members of B'nai Amoona?      Yes      No

Name & Relationship

Name & Relationship

Name & Relationship

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Would you like more information about:

Please check all that apply      Early Childhood Center      Religious School      Bar/Bat Mitzvah Track      Sisterhood  
Men's Club      Adult Learning      Summer Camps      Children/Teen Programs  
Programs for Young Families      Youth Groups      Social action/ mitzvah circle  
Other

Please list any volunteer opportunities in which you would be interested in participating:

ie Board of Directors, Gift Shop, etc.

Do you have any hobbies, skills, or talents you would like to share?

Please list the top three reasons you want to join B'nai Amoona?

## Emergency Contact Information\*

First & Last Name:

Relationship:

Home Phone:

Cell Phone:

Address (Street, City, State, and Zip):

Please list the top  
three reasons why  
you want to join  
B'nai Amoona.

Thank you for completing the informational pages. If you have any questions, feel free to contact Gail Armstrong at 314-576-9990 x126 or [gail@bnaiamoona.com](mailto:gail@bnaiamoona.com)

Please continue and complete page 5 as your membership application is not complete without signature(s) and payment information.

## Sustaining Membership Agreement\*

2023-2024	35 & over	34	33	32	31	30 & under
FAMILY	\$3,050	\$2,430	\$1,825	\$1,220	\$610	\$520
SINGLE	\$2,390	\$1,955	\$1,435	\$965	\$490	\$360

**AGE** is determined by the age of the oldest family member.

**FAMILY** is defined as a couple with or without children at home, or a single parent with children at home.  
**SINGLE** is defined as an individual, or a couple where one spouse is not Jewish, without children at home.

**BENEFACTORS** are members who generously contribute above their Sustaining Dues level.

### Benefactor categories:

Aliyah	\$360.00 NEW! For our younger supporters age 34 and under.		
Chaver	\$540.00	Mezuzah	\$2,500.00
Malach	\$1,080.00	Menorah	\$3,600.00
Shofar	\$1,800.00	Ner Tamid	\$5,400.00
Torah		\$7,200.00	

### Fees in addition to membership:

\*United Synagogue of Conservative Judaism (USCJ): \$74.50 per year

\*Security Assessment: \$100 to defray the cost of building security

\**Bedek HaBait* (Upkeep of the House): \$100 per year for building maintenance

MEMBERSHIP DUES: \$ \_\_\_\_\_

\*FEES: \$274.50

BENEFACTOR: \$ \_\_\_\_\_

**TOTAL:** \$ \_\_\_\_\_

- ☐ By CHECK paid in full or STOCK GIFT (please contact us for stock instructions)
- ☐ By ACH (monthly or quarterly withdrawal from checking or savings, no fee; attach voided check)
- ☐ By CREDIT CARD in full or monthly (3% service fee on each credit card transaction)
- ☐ Own plan (\*Membership extends to all Jewish people regardless of their ability to pay Sustaining Dues. Please contact Gail Armstrong, Director of Development, to establish a payment plan.)

By signing this document, I (we) understand and acknowledge that I am (we are) responsible for the agreed-upon commitment through the year ending June 30, 2024 and agree to maintain membership in good standing.

Adult 1 Signature \_\_\_\_\_ Date \_\_\_\_\_

Adult 2 Signature \_\_\_\_\_ Date \_\_\_\_\_

**Questions? Contact Gail Armstrong, Director of Development 314-576-9990 x 126 or [gail@bnaiamoona.com](mailto:gail@bnaiamoona.com).**