

1801 Baynard Boulevard Wilmington, Delaware 19802 Phone: 302.654.4462 e-mail: info@cbswilmde.org www.cbswilmde.org

## Application & Family Record Please print. All information is strictly confidential.

Name: Date of Birth: (Member #1; as you would like to be listed on our mailing list) [mm/dd/yy] Date of Birth: (Member #2; as you would like to be listed on our mailing list) [mm/dd/yy] Home Address: **Development:** City, State, Zip Code: Home Telephone (With area code): Marital Status: ☐ Single ☐ Engaged ☐ Married ☐ Partners ☐ Separated ☐ Divorced ☐ Widowed Anniversary Date (If applicable): \_\_\_\_ \_\_\_\_\_ (mm/dd/yy) **Personal Information** Member # 1 Member # 2 Title you prefer (Check one) Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Other: Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Other: Full Name **Email Address** Cell Phone or Pager No. ☐ Jewish by birth ☐ Jewish by birth Religious Status ☐ Jewish by Choice ☐ Jewish by Choice ☐ Not Jewish ☐ Not Jewish Full Hebrew Name Parents' Hebrew Names ☐ Conservative Orthodox ☐ Conservative Orthodox Jewish Background ☐ Reconstructionist Reform □ ☐ Reconstructionist Reform □ ☐ Bar/Bat Mitzvah \_\_\_ ☐ Bar/Bat Mitzvah \_\_\_ ☐ Confirmation ☐ Confirmation Jewish Education ☐ Post Confirmation Study ☐ Post Confirmation Study ☐ Jewish Day School ☐ Jewish Day School **Previous Congregation** City & State List Relationship to Congregation Beth Shalom Members

Employment Information		
	Member # 1	Member # 2
Occupation or Profession		
Employer or Business Name		
Type of Business		
Business Address		
Business Telephone		

Children Information							
Living at Home							
	First & Last Name Full Hebrew Name Date of Birth	Date of	Sex	Grade as of September		Date of Bar/Bat Mitzvah	Year of Confirmation
First & Last Name		(M/F)	Religious School	Public School			
Not Living at Home							
First & Last Name	Full Hebrew Name				Address		

Yahrzeit Information  Yahrzeits are observed and announced at a Shabbat Service.  Please list names of those family members and friends you wish to be remembered			
Full Name	Relationship	Date of Death (before <u>or</u> after sunset, if known)	

Would you like to be included on the Congregation Beth Shalom Phone Tree? Yes No		
Would you like to be added to the Congregational Email Lists? Yes No		
How did you hear about, and why did you select to affiliate with Congregation Beth Shalom?		
Applicant's Signature(s):		
Member # 1	Member # 2	
Date Completed	Date Completed	

## We welcome you!

In order to select your appropriate membership category, please review and complete the enclosed Membership Commitment form. Please return the completed form with your application to the synagogue with one-half your payment.

## CONGREGATION BETH SHALOM INTERESTS FORM

We welcome your involvement in all areas of synagogue life and hope you will become an active member in our congregation. Committees meet throughout the year and need volunteers to help with a variety of activities and tasks.

Family Name:		
Intereste: D - Would like to participate	C - Would carry an committee	E - Experienced in this area
Interests: <b>P</b> = Would like to participate	<b>C</b> = Would serve on committee	<b>E</b> = Experienced in this area

Committee	Member # 1	Member # 2
Adult Bar/Bat Mitzvah		
Adult Education Programming		
Adult Hebrew Classes		
Board of Directors		
Bulletin (Kol Shalom)		
Chesed Network		
(includes helping with meals, visiting sick, shiva)		
Choir		
Finance Committee		
Fund Raising		
Garden Club		
Hazak (Adult Program for 55+)		
Hebrew School Committee		
House & Grounds Committee		
Kitchen Klub (prepare for Oneg & Kiddush)		
Klezmer Band (Chai Notes)		
Membership		
Office Support (phones & mailings)		
Publicity		
Religious Life		
Singles Programming		
Tikkun Olam Committee		
Tot Shabbat Programming		
Young Adults / Young Couples		
USY & Kadima Group		
Others (please describe)		