

Membership Application

We are very pleased that you have chosen to affiliate with Congregation Beth Sholom of Rochester, New York. To further your involvement in the life of the synagogue, we ask that you carefully complete this form. Please print.

Home Address	Full Membership Associate Membership			
Home Phone Emergency Phone Email Address Marital Status Anniversary Date, if appropriate	ral Information			
Zip+4 Home Phone Emergency Phone Email Address Marital Status Anniversary Date, if appropriate Previous or other synagogue affiliation	y Last Name(s)			
Home Phone Emergency Phone Email Address Marital Status Anniversary Date, if appropriate	Address			
Marital StatusAnniversary Date, if appropriate Previous or other synagogue affiliation If there is an Adult Male in your family English Last Name English First Name Initial T (ben) Hebrew Name (May be transliterated into English) Business Phone Cell Phone Cell Phone Cohen?Levy?Yisroel? If converted, when and by whom? Do you own a cemetery plot? If yes, Cemetery and Location If there is an Adult Female in your family English Last Name English First Name Initial T (bas) Hebrew Name (May be transliterated into English) Business Phone Cell Phone Initial T (bas) Business Phone Cell Phone Initial T (bas) Business Phone Cell Phone Initial T				
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Previous or other synagogue affiliation				
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English Last Name English First Name Initial T (ben)				
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Business Phone Cell Phone		(bas)		
Business Phone Cell Phone	Hebrew	Name (May be transliterated	d into English)	
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(OVER, PLEASE)

If there are children and/or young adults living at home...

English Last Name	English First Name	Birthdate				
Hebrew	(bas) Name (May be transliterated into Englis	sh)				
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English Last Name	English First Name	Birthdate				
	(bas)					
	Name (May be transliterated into Englis	,				
English Last Name	English First Name	Birthdate				
	(bas)					
Hebrew	Name (May be transliterated into Englis	sh)				
Please add a sheet of paper with information on additional children, if necessary						
••••••						
Yahrzeit Records						
Name	Date of Death	Send Notice tg:				
	Hebrew Secular (include time	e of day)				
••••••						
Activities of the Congregation						
Please indicate your interest in	n serving on any of these committees					
-	inance Religious Service					
	-					
	ducation Membership Li					
Children Shabbos Services _	Kiddush/Hospitality Soci	al Action				
	Is that could help other members? F	-				
Speak a foreign language	_ Sign to the Hear	ing-impaired				
Which ones?						
Teach a subject	Other Special Skills					

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Would you be willing to host guests on Shabbos?