



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.

Full Membership _____ Associate Membership _____

General Information

Family Last Name(s) _____

Home Address _____

_____ Zip+ 4 _____

Home Phone _____ Emergency Phone _____ Email Address _____

Marital Status _____ Anniversary Date, if appropriate _____

Previous or other synagogue affiliation _____

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If there is an Adult Male in your family...

English Last Name _____ English First Name _____ Initial _____ Title _____

_____ (ben) _____

Hebrew Name (May be transliterated into English)

_____ Birthdate _____

Business Phone _____ Cell Phone _____

Cohen? ___ Levy? ___ Yisroel? ___ If converted, when and by whom? _____

Do you own a cemetery plot? ___ If yes, Cemetery and Location _____

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If there is an Adult Female in your family...

English Last Name _____ English First Name _____ Initial _____ Title _____

_____ (bas) _____

Hebrew Name (May be transliterated into English)

_____ Birthdate _____

Business Phone _____ Cell Phone _____

If converted, when and by whom? _____

Do you own a cemetery plot? ___ If yes, Cemetery and Location _____

(OVER, PLEASE)

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

English Last Name _____ English First Name _____ Birthdate _____

_____ (bas) _____

Hebrew Name (May be transliterated into English)

.....

English Last Name _____ English First Name _____ Birthdate _____

_____ (bas) _____

Hebrew Name (May be transliterated into English)

.....

English Last Name _____ English First Name _____ Birthdate _____

_____ (bas) _____

Hebrew Name (May be transliterated into English)

Please add a sheet of paper with information on additional children, if necessary



Yahrzeit Records...

Name	Date of Death		Send Notice to:
	Hebrew	Secular (include time of day)	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



Activities of the Congregation

Please indicate your interest in serving on any of these committees:

Board ___ Youth ___ Finance ___ Religious Service ___ Ushers ___

Programming ___ Adult Education ___ Membership ___ Library ___

Children Shabbos Services ___ Kiddush/Hospitality ___ Social Action

Do you have some special skills that could help other members? For example...

Speak a foreign language ___ Sign to the Hearing-Impaired ___

Which ones? _____

Teach a subject _____ Other Special Skills _____

Would you be willing to host guests on Shabbos?