



# Membership Application

We welcome your interest in membership with our synagogue.  
Feel free to call (303-388-4203)/e-mail (director@bmh-bj.org) us with any questions.

Date \_\_\_\_\_ Adult First and Last Names \_\_\_\_\_

Residential Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_

Marital Status Single \_\_\_\_\_ Married \_\_\_\_\_ (Anniversary \_\_\_\_/\_\_\_\_/\_\_\_\_) Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

## Head of Household

Your Name (Last, First, Middle) in English \_\_\_\_\_ Your Hebrew Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Kohen \_\_\_\_\_ Levi \_\_\_\_\_ Israelite \_\_\_\_\_

Mother's Hebrew Name \_\_\_\_\_ Father's Hebrew Name \_\_\_\_\_

E-mail Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Occupation (If retired, former occupation) \_\_\_\_\_

Name of Employer \_\_\_\_\_

Work Address \_\_\_\_\_ City/Zip Code \_\_\_\_\_

Work Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Fax \_\_\_\_\_

|  |            |           |                       |
|--|------------|-----------|-----------------------|
| Information about your interests and talents | <b>Yes</b> | <b>No</b> | <b>Professionally</b> |
|--|------------|-----------|-----------------------|

|              |       |       |       |
|--------------|-------|-------|-------|
| Do you sing? | _____ | _____ | _____ |
|--------------|-------|-------|-------|

|                                   |       |       |       |
|-----------------------------------|-------|-------|-------|
| Do you play a musical instrument? | _____ | _____ | _____ |
|-----------------------------------|-------|-------|-------|

Name of instrument(s) \_\_\_\_\_

Do you have artistic, graphic design or architectural talent or skill? \_\_\_\_\_

Explain \_\_\_\_\_

|                              |       |       |       |
|------------------------------|-------|-------|-------|
| Do you have writing talents? | _____ | _____ | _____ |
|------------------------------|-------|-------|-------|

|                                     |       |       |       |
|-------------------------------------|-------|-------|-------|
| Do you have computer/office skills? | _____ | _____ | _____ |
|-------------------------------------|-------|-------|-------|

|                                     |       |       |       |
|-------------------------------------|-------|-------|-------|
| Do you have any library experience? | _____ | _____ | _____ |
|-------------------------------------|-------|-------|-------|

Do you have any talent/skills that you would like to share with us? \_\_\_\_\_

|  |       |       |       |
|--|-------|-------|-------|
| Do you need transportation to the synagogue? | _____ | _____ | _____ |
|--|-------|-------|-------|

|   |       |       |       |
|---|-------|-------|-------|
| Would you be prepared to serve on any synagogue committees? | _____ | _____ | _____ |
|---|-------|-------|-------|

|   |       |       |       |
|---|-------|-------|-------|
| Are you interested in joining a chavurah? | _____ | _____ | _____ |
|---|-------|-------|-------|

|  |       |       |       |
|--|-------|-------|-------|
| Are you interested in taking Jewish educational classes? | _____ | _____ | _____ |
|--|-------|-------|-------|

|                                      |       |       |       |
|--------------------------------------|-------|-------|-------|
| Do you have Hebrew or Judaic skills? | _____ | _____ | _____ |
|--------------------------------------|-------|-------|-------|

|                                       |       |       |       |
|---------------------------------------|-------|-------|-------|
| Are you available for volunteer work? | _____ | _____ | _____ |
|---------------------------------------|-------|-------|-------|

**Spouse**

Your Name (Last, First, Middle) in English \_\_\_\_\_ Your Hebrew Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Kohen \_\_\_\_\_ Levi \_\_\_\_\_ Israelite \_\_\_\_\_  
Mother's Hebrew Name \_\_\_\_\_ Father's Hebrew Name \_\_\_\_\_  
E-mail Address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Occupation (If retired, former occupation) \_\_\_\_\_  
**Name of Employer** \_\_\_\_\_

Work Address \_\_\_\_\_ City/Zip Code \_\_\_\_\_  
Work Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Fax \_\_\_\_\_

| Information about your interests and talents                                 | <b>Yes</b> | <b>No</b> | <b>Professionally</b> |
|--|------------|-----------|-----------------------|
| Do you sing?   | _____      | _____     | _____                 |
| Do you play a musical instrument?  | _____      | _____     | _____                 |
| Name of instrument(s) _____  |            |           |                       |
| Do you have artistic, graphic design or architectural talent or skill? _____ |            |           |                       |
| Explain _____  |            |           |                       |
| Do you have writing talents?   | _____      | _____     | _____                 |
| Do you have computer/office skills?  | _____      | _____     | _____                 |
| Do you have any library experience?  | _____      | _____     | _____                 |
| Do you have any talent/skills that you would like to share with us? _____    |            |           |                       |

|   |       |       |       |
|---|-------|-------|-------|
| Do you need transportation to the synagogue?                | _____ | _____ | _____ |
| Would you be prepared to serve on any synagogue committees? | _____ | _____ | _____ |
| Are you interested in joining a chavurah?                   | _____ | _____ | _____ |
| Are you interested in taking Jewish educational classes?    | _____ | _____ | _____ |
| Do you have Hebrew or Judaic skills?                        | _____ | _____ | _____ |
| Are you available for volunteer work?                       | _____ | _____ | _____ |

**Family Relations to other BMH-BJ Members**

| Relative | Relationship | Related to | Home Phone |
|----------|--------------|------------|------------|
| _____    | _____        | _____      | _____      |
| _____    | _____        | _____      | _____      |
| _____    | _____        | _____      | _____      |
| _____    | _____        | _____      | _____      |

**Children**

Please list your children. PLEASE PRINT

| Last Name | First Name | Hebrew Name | Date of Birth | School Name | Grade | Live at home? |
|-----------|------------|-------------|---------------|-------------|-------|---------------|
| _____     | _____      | _____       | _____         | _____       | _____ | _____         |
| _____     | _____      | _____       | _____         | _____       | _____ | _____         |
| _____     | _____      | _____       | _____         | _____       | _____ | _____         |
| _____     | _____      | _____       | _____         | _____       | _____ | _____         |
| _____     | _____      | _____       | _____         | _____       | _____ | _____         |
| _____     | _____      | _____       | _____         | _____       | _____ | _____         |

**Yahrzeit Information**

Please list the names of those loved ones you wish to memorialize. These will be recalled at Shabbat Services prior to the HEBREW CALENDAR anniversary. (Unless otherwise requested.) These names usually include parents, grandparents, children and siblings. PLEASE INCLUDE THE MONTH/DATE/YEAR OF DEATH.

| <u>Name</u> (Circle M for Member/S for Spouse) | <u>Relationship</u> | <u>English Date</u> | <u>Hebrew Date</u> |
|--|---------------------|---------------------|--------------------|
| M/S _____                                      | _____               | _____               | _____              |
| M/S _____                                      | _____               | _____               | _____              |
| M/S _____                                      | _____               | _____               | _____              |
| M/S _____                                      | _____               | _____               | _____              |
| M/S _____                                      | _____               | _____               | _____              |
| M/S _____                                      | _____               | _____               | _____              |
| M/S _____                                      | _____               | _____               | _____              |
| M/S _____                                      | _____               | _____               | _____              |

**Previous Synagogue Affiliation**

(Synagogue name/address/phone/dates attended) \_\_\_\_\_

Did you serve on any committee at your previous synagogue? \_\_\_\_\_

|  | Yes   | No    | Who   |
|--|-------|-------|-------|
| Does anyone in you family read Hebrew? | _____ | _____ | _____ |
| Does anyone in you family Chant Torah? | _____ | _____ | _____ |

**Important Additional Information**

We welcome everyone to our congregation including those who have made a journey to Judaism from another faith.

We proudly adhere to the standards of Jewish identity as defined by traditional Jewish law and the State of Israel.

We welcome you to our congregation and look forward to your full participation in our ritual life.

Please answer the following questions.

Were both spouses born Jewish? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please give the name of the Rabbi who sponsored your conversion:

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If divorced, do you have a "get" (Jewish Divorce)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give the name of the Rabbi who presided, the location and date:

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Our Rabbi would be delighted to meet with you regarding your membership.  
Just call the office at 303-388-4203 and schedule an appointment.

\_\_\_\_\_ Accepted by \_\_\_\_\_ Date

**THIS APPLICATION MUST BE ACCOMPANIED BY A CHECK EQUIVALENT TO A MINIMUM OF TWO MONTHS DUES, CONTACT THE OFFICE FOR MORE INFORMATION.**

BMH-BJ Congregation

560 S. Monaco Pkwy. Denver, CO 80224

303-388-4203 fax 303-388-4210

WWW.BMH-BJ.ORG