



BETH JACOB MEMBERSHIP

4855 College Ave. San Diego, CA 92115 (619) 287-9890 FAX: (619) 287-0578 WWW.BJSD.ORG

APPLICATION FOR MEMBERSHIP

Applicant

English name _____
Hebrew name _____
Kohen _____ Levi _____ Yisrael _____
Birthplace _____ Birthdate ____ / ____ / ____
Father's Hebrew name _____
Mother's Hebrew name _____
Mailing address _____
Home telephone _____ Work telephone _____
Cell Phone _____ email _____
Occupation _____
Previous synagogue affiliation: Orthodox __ Conservative __ Reform __ None __
Where: _____
Tell us about your Jewish education _____

Spouse

English name _____
Hebrew name _____
Kohen _____ Levi _____ Yisrael _____
Birthplace _____ Birthdate ____ / ____ / ____
Father's Hebrew name _____
Mother's Hebrew name _____
Mailing address _____
Home telephone _____ Work telephone _____
Occupation _____
Previous synagogue affiliation: Orthodox __ Conservative __ Reform __ None __
Where: _____
Tell us about your Jewish education _____

Marital Status: () Single () Married () Divorced () Widowed
If married: Wedding date ____ / ____ / _____, Place of marriage _____
If applicant or spouse is previously divorced, please indicate: () Applicant () Spouse
Get written by Rabbi _____ ---- _____ Where _____ When _____

Conversion to Judaism: () Applicant () Spouse
Name of Rabbi who performed conversion _____ Orthodox () Yes () No
Where _____ When _____

For Office Use Only

Date ____ / ____ / ____ Check# _____ + _____ Amount \$ _____ Initials _____
Membership category _____ Agreed upon first year dues, if SF or SI \$ _____
Rabbinic Approval _____ Date ____ / ____ / ____
President's Approval _____ Date ____ / ____ / ____
Board Approval Date ____ / ____ / ____ Per Rabbi _____

Children

1. English Name _____ Hebrew name _____
Date of Birth ____/____/____

Born to Jewish mother? () Yes () No. If no, indicate when and where taken to mikvah, and name of attending Rabbi: _____

2. English name _____ Hebrew name _____
Date of birth ____/____/____

Born to Jewish mother? () Yes () No. If no, indicate when and where taken to mikvah and name of attending Rabbi: _____

3. English name _____ Hebrew name _____
Date of birth ____/____/____

Born to Jewish mother? () Yes () No. If no, indicate when and where taken to mikvah and name of attending Rabbi: _____

4. English name _____ Hebrew name _____
Date of birth ____/____/____

Born to Jewish mother? () Yes () No. If no, indicate when and where taken to mikvah and name of attending Rabbi: _____

5. English name _____ Hebrew name _____
Date of birth ____/____/____

Born to Jewish mother? () Yes () No. If no, indicate when and where taken to mikvah and name of attending Rabbi: _____

6. English name _____ Hebrew name _____
Date of birth ____/____/____

Born to Jewish mother? () Yes () No. If no, indicate when and where taken to mikvah and name of attending Rabbi: _____

7. English name _____ Hebrew name _____
Date of birth ____/____/____

Born to Jewish mother? () Yes () No. If no, indicate when and where taken to mikvah and name of attending Rabbi: _____

8. English name _____ Hebrew name _____
Date of birth ____/____/____

Born to Jewish mother? () Yes () No. If no, indicate when and where taken to mikvah and name of attending Rabbi: _____

Please complete the following information for any Yartzheits for which you would like a reminder.

Yartzheit

1. English name _____
Hebrew name _____
Hebrew date of passing if unknown, give English date and indicate before/after sunset): _____ Relationship to applicant or spouse _____

2. English name _____
Hebrew name _____
Hebrew date of passing (if unknown, give English date and indicate before/after sunset): _____ Relationship to applicant or spouse _____

3. English name _____
Hebrew name _____
Hebrew date of passing (if unknown, give English date and indicate before/after sunset): _____ Relationship to applicant or spouse _____

4. English name _____
Hebrew name _____
Hebrew date of passing (if unknown, give English date and indicate before/after sunset): _____ Relationship to applicant or spouse _____

5. English name _____
Hebrew name _____
Hebrew date of passing (if unknown, give English date and indicate before/after sunset): _____ Relationship to applicant or spouse _____

6. English name _____
Hebrew name _____
Hebrew date of passing (if unknown, give English date and indicate before/after sunset): _____ Relationship to applicant or spouse _____

7. English name _____
Hebrew name _____
Hebrew date of passing (if unknown, give English date and indicate before/after sunset): _____ Relationship to applicant or spouse _____

8. English name _____
Hebrew name _____
Hebrew date of passing (if unknown, give English date and indicate before/after sunset): _____ Relationship to applicant or spouse _____

Please attach a separate paper if needed.

I am /We are interested in membership at Beth Jacob Congregation and hereby submit this application. I/We agree to abide by the rules, regulations, and by-laws of Beth Jacob Congregation.

Signed _____ Date ___/___/___

Signed _____ Date ___/___/___

Recommended by _____