

 **beth david**  
synagogue  
Membership Application

Individual Information

Adult 1

Adult 2

Name \_\_\_\_\_

Name \_\_\_\_\_

Preferred name \_\_\_\_\_

Preferred name \_\_\_\_\_

Gender \_\_\_\_\_

Gender \_\_\_\_\_

Cell phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Birth day (mm/dd/yyyy) \_\_\_\_\_

Birth day (mm/dd/yyyy) \_\_\_\_\_

Hebrew name \_\_\_\_\_

Hebrew name \_\_\_\_\_

Parents' Hebrew names \_\_\_\_\_

Parents' Hebrew names \_\_\_\_\_

Jewish: Y  N

Jewish: Y  N

Did you convert? Y  N

Did you convert? Y  N

Kohen  Levi  Israelite

Kohen  Levi  Israelite

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Emergency contact \_\_\_\_\_

Emergency contact \_\_\_\_\_

Home Information

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home phone \_\_\_\_\_

Applying as: Family  Single-parent (children under 18)  Individual

Single  Married  (anniversary date:     /     /     ) Divorced  Widowed  Partnered

Previous congregation (name/location) \_\_\_\_\_

Do you currently belong to a congregation? Y  N

Special accommodations (wheelchair, hearing devices, large-print books, etc) \_\_\_\_\_

## Children

### Child 1

### Child 2

### Child 3

Name _____	Name _____	Name _____
Preferred name _____	Preferred name _____	Preferred name _____
Gender _____	Gender _____	Gender _____
Hebrew name _____	Hebrew name _____	Hebrew name _____
Birthday (mm/dd/yyyy) _____	Birthday (mm/dd/yyyy) _____	Birthday (mm/dd/yyyy) _____
Current grade _____	Current grade _____	Current grade _____
School attends _____	School attends _____	School attends _____
<u>If over 18:</u>	<u>If over 18:</u>	<u>If over 18:</u>
Married? _____	Married? _____	Married? _____
Where do they live? _____	Where do they live? _____	Where do they live? _____
Do they have children? _____	Do they have children? _____	Do they have children? _____

## Yahrzeit Observance

I would like to receive Yahrzeit date reminders for those listed below

<u>Name of deceased</u>	<u>Relative of</u>	<u>Relationship</u>	<u>English date of death</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Member Interest

I'd like to help lead services: Y  N

If yes, I can...

Read Torah  Chant Haftarah  Lead daily Minyan