



MEMBERSHIP APPLICATION

Please provide the following information to the best of your ability. We look forward to becoming better acquainted with you.

Adult #1

Title _____
First Name _____ Last Name _____
Address _____
City, State, Zip _____
Home Phone _____ Cell Phone _____
Email _____ Birthday _____
Jewish ___ Converted ___ Not Jewish ___ Cohen ___ Levi ___ Yisrael ___
Hebrew Name _____
Father's Hebrew Name _____ Mother's Hebrew Name _____
Marital Status _____ Anniversary Date _____
Business Occupation _____ Business Phone _____

Adult #2

Title _____
First Name _____ Last Name _____
Address _____
City, State, Zip _____
Home Phone _____ Cell Phone _____
Email _____ Birthday _____
Jewish ___ Converted ___ Not Jewish ___ Cohen ___ Levi ___ Yisrael ___
Hebrew Name _____
Father's Hebrew Name _____ Mother's Hebrew Name _____
Marital Status _____ Anniversary Date _____
Business Occupation _____ Business Phone _____

Child #1

First Name _____ Last Name _____
Email _____ Birthday _____
Hebrew Name _____
Father's Hebrew Name _____ Mother's Hebrew Name _____
Name of school/ current grade _____
Will your child be enrolled in religious school Yes _____ No _____

Child #2

First Name _____ Last Name _____
Email _____ Birthday _____
Hebrew Name _____
Father's Hebrew Name _____ Mother's Hebrew Name _____
Name of school/ current grade _____
Will your child be enrolled in religious school Yes _____ No _____

Child #3

First Name _____ Last Name _____
Email _____ Birthday _____
Hebrew Name _____
Father's Hebrew Name _____ Mother's Hebrew Name _____
Name of school/ current grade _____
Will your child be enrolled in religious school Yes _____ No _____

Child #4

First Name _____ Last Name _____
Email _____ Birthday _____
Hebrew Name _____
Father's Hebrew Name _____ Mother's Hebrew Name _____
Name of school/ current grade _____
Will your child be enrolled in religious school Yes _____ No _____

Yahrzeit #1

First Name _____ Last Name _____
Hebrew Name _____
Father's Hebrew Name _____ Mother's Hebrew Name _____
Relationship to whom _____
English Date of Death _____ Hebrew Date of Death _____
Sundown Before ____ After ____
Yahrzeit notice according to Hebrew date _____ English Date _____

Yahrzeit #2

First Name _____ Last Name _____
Hebrew Name _____
Father's Hebrew Name _____ Mother's Hebrew Name _____
Relationship to whom _____
English Date of Death _____ Hebrew Date of Death _____
Sundown Before ____ After ____
Yahrzeit notice according to Hebrew date _____ English Date _____

Yahrzeit #3

First Name _____ Last Name _____
Hebrew Name _____
Father's Hebrew Name _____ Mother's Hebrew Name _____
Relationship to whom _____
English Date of Death _____ Hebrew Date of Death _____
Sundown Before ____ After ____
Yahrzeit notice according to Hebrew date _____ English Date _____

Yahrzeit #4

First Name _____ Last Name _____
Hebrew Name _____
Father's Hebrew Name _____ Mother's Hebrew Name _____
Relationship to whom _____
English Date of Death _____ Hebrew Date of Death _____
Sundown Before ____ After ____
Yahrzeit notice according to Hebrew date _____ English Date _____

How many years have you lived in Houston? _____

How did you become aware of Congregation Brith Shlaom? _____

Are you presently a member of another Houston area congregation?

If so, where? _____

What are your reasons for applying for membership at Brith Shalom at this time? _____

Do you have relatives or friends who are Brith Shalom congregants? No Yes

Name

Relationship

In what Jewish organizations are members of your family currently active? _____

What skills, passions or talents could you share with the congregation: _____

Any other information _____



**NEW MEMBER
ANNUAL GIVING APPLICATION**

Applicant(s): _____ **Date:** _____

Thank you for your financial support of Congregation Brith Shalom. Please indicate your pledge below and contribute to the synagogue as generously as possible. The building fund and security fee are additional fees to support building repairs and security.

Please consider joining the Benefactor's Circle. The Benefactor Circle allows us to be welcoming to members who can't afford sustaining annual giving. We offer special events in appreciation of your contributions.

Benefactor Circle (Building and Security included)

Pillar \$4,890 + _____ Guardian \$10,000 + _____
Builder \$5,400 + _____ Visionary \$12,000 + _____
Creator \$7,200 + _____ Sage \$18,000 + _____

Sustaining Member (+\$300 Building Repair Fund)

\$3,875 + _____

Goldberg Montessori School Families receive 25% off membership for Sustaining Members and higher.

Annual Giving

If Sustaining giving is beyond your means, please reach out to our Executive Director, Melissa Magenheim, at mmagenheim@brithshalom.org or 713-667-9201 to discuss alternatives.

Friend of Synagogue (if you are a member in another Houston synagogue)

\$520 _____

\$41 CBS Women _____

\$36 Men's Club _____

Payment Schedule

Full Amount _____ **Quarterly** _____ (July, October, January and April) **10 Months** _____ **Payment Plan** _____

Method of Payment

Check Enclosed _____ **Stocks** _____

ACH _____ **Routing Number** _____ **Account Number** _____

Credit/Debit Card (2.75% Convenience fee) _____

Credit Card Number _____ **Exp. Date** _____ **CCV** _____

Account Name _____

Billing Address _____

City, State, Zip _____ **Phone** _____ **Email** _____

Signature _____ **Date** _____