

CONGREGATION BETH SHALOM APPLICATION FOR MEMBERSHIP



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RELATIONSHIP STATUS Married/Partners Single Divorced Widow Anniversary Date ____/____/____

Member 1

Name: (English) _____ Maiden _____ Date of Birth ____/____/____

(Hebrew) _____ son/daughter of _____

E-mail _____ Cell Phone _____

Member 2

Name: (English) _____ Maiden _____ Date of Birth ____/____/____

(Hebrew) _____ son/daughter of _____

E-mail _____ Cell Phone _____

ADDRESS

City _____ Zip _____ Primary Phone _____

EMPLOYMENT

Member 1: Business Name _____ Position _____

Business Address _____ City _____ Zip _____

Nature of Business _____ Phone _____

Member 2: Business Name _____ Position _____

Business Address _____ City _____ Zip _____

Nature of Business _____ Phone _____

CHILDREN:

English Name (First, Last)	Hebrew Name	Gender	Date of Birth	School Name/School Grade
_____	_____	_____	____/____/____	_____
_____	_____	_____	____/____/____	_____
_____	_____	_____	____/____/____	_____
_____	_____	_____	____/____/____	_____

Please tell us what aspects of Beth Shalom attracted you to our Synagogue? _____

Today's Date _____

Signature _____

Please select one:

Member 1: Kohen Levi Israelite

Member 2: Kohen Levi Israelite

Please select where appropriate:

Member 1: I can daven/read Daily Service Shabbat Service Haftarah Torah

Member 2: I can daven/read Daily Service Shabbat Service Haftarah Torah

Previous Synagogue Affiliation (name): _____

This synagogue was:

Reform Conservative Orthodox _____Other

Please list any office(s) either member held: _____

List activities either member participated in: _____

Are you born of Jewish parents?

Member 1
Yes No

Member 2
Yes No

If you converted to Judaism, in what year? And by whom? (Rabbi)

Please list relationship to any current Beth Shalom member:

Name(s): _____

Relative Friend Business

I am/We are interested
in serving on the following
committees:

_____Adult Education/Programming _____Chavurah (Social Groups) _____HAZAK (55+)

_____ HUGS(Healthy Understanding Growing Places) _____Israel Committee _____LGBTQ/Pride

1= Member 1

2= Member 2

_____Membership _____Men's Club _____School _____Sisterhood

_____Social Action _____Young Family Programming _____Youth

Yahrzeits - If known, please also include Hebrew dates. PLEASE PRINT!

Member 1

Member 2

1. Name of Deceased _____

1. Name of Deceased _____

Date and Year of Death _____

Date and Year of Death _____

Relationship _____

Relationship _____

2. Name of Deceased _____

2. Name of Deceased _____

Date and Year of Death _____

Date and Year of Death _____

Relationship _____

Relationship _____

3. Name of Deceased _____

3. Name of Deceased _____

Date and Year of Death _____

Date and Year of Death _____

Relationship _____

Relationship _____

4. Name of Deceased _____

4. Name of Deceased _____

Date and Year of Death _____

Date and Year of Death _____

Relationship _____

Relationship _____