

# 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 \_\_\_\_\_

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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

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I am/We are interested in serving on the following committees: \_\_\_\_\_Adult Education/Programming \_\_\_\_\_Chavurah (Social Groups) \_\_\_\_\_HAZAK (55+)

**1= Member 1**  
**2= Member 2**

\_\_\_\_\_ HUGS(Healthy Understanding Growing Places) \_\_\_\_\_Israel Committee \_\_\_\_\_LGBTQ/Pride  
\_\_\_\_\_Membership \_\_\_\_\_Men's Club \_\_\_\_\_School \_\_\_\_\_Sisterhood  
\_\_\_\_\_Social Action \_\_\_\_\_Young Family Programming \_\_\_\_\_Youth

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

**Member 1**

1. Name of Deceased \_\_\_\_\_  
Date and Year of Death \_\_\_\_\_  
Relationship \_\_\_\_\_

2. Name of Deceased \_\_\_\_\_  
Date and Year of Death \_\_\_\_\_  
Relationship \_\_\_\_\_

3. Name of Deceased \_\_\_\_\_  
Date and Year of Death \_\_\_\_\_  
Relationship \_\_\_\_\_

4. Name of Deceased \_\_\_\_\_  
Date and Year of Death \_\_\_\_\_  
Relationship \_\_\_\_\_

**Member 2**

1. Name of Deceased \_\_\_\_\_  
Date and Year of Death \_\_\_\_\_  
Relationship \_\_\_\_\_

2. Name of Deceased \_\_\_\_\_  
Date and Year of Death \_\_\_\_\_  
Relationship \_\_\_\_\_

3. Name of Deceased \_\_\_\_\_  
Date and Year of Death \_\_\_\_\_  
Relationship \_\_\_\_\_

4. Name of Deceased \_\_\_\_\_  
Date and Year of Death \_\_\_\_\_  
Relationship \_\_\_\_\_