



Congregation Beth Shalom

14601 West Lincoln Road ♦ Oak Park, Michigan 48237 ♦ 248.547.7970

www.congbethshalom.org

APPLICATION FOR MEMBERSHIP

(Affiliated with United Synagogue of Conservative Judaism)

**“Dedicated to the Religious, Educational
and Cultural Life of Our Jewish Community”**

Date: _____

Congregation Beth Shalom
14601 West Lincoln Road
Oak Park, Michigan 48237

To the Board of Directors:

I/we _____ hereby apply for admission as a member of Congregation Beth Shalom and will abide by its constitution, rules and regulations. I/we agree to pay for the support and maintenance of the synagogue, the sum of \$_____ as **DUES** for the year 20____, (and thereafter dues as per the established schedule in effect), and \$_____ over a ____ year period as my/our contribution to the Congregation Beth Shalom **BUILDING FUND**.

Synagogue Dues for the year _____ \$ _____

First Year Building Fund _____ \$ _____

Other Charges _____ \$ _____

TOTAL _____ \$ _____

Signed: _____ Print Name: _____

Signed: _____ Print Name: _____

Received By: _____ Date: _____

NOTE: Please attach your check with this application for at least one-quarter (1/4) of your annual dues and at least one-quarter of the first annual Building Fund payment to: **CONGREGATION BETH SHALOM** – 14601 West Lincoln Road – Oak Park, Michigan 48237. All obligations must be current prior to the High Holy Days to receive your tickets. Also, the **MEMBER INFORMATION RECORD** on the reverse side of this application should be filled out completely to insure that the congregation can provide all regular services to you and your family. **Thank you.**

MEMBER INFORMATION RECORD

MEMBER #1: _____

MEMBER #2: _____

HEBREW NAME: _____

HEBREW NAME: _____

TRIBE: KOHEN LEVI ISRAEL

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DATE OF BIRTH: _____

DATE OF BIRTH _____

CAN YOU READ HEBREW? YES NO

CAN YOU READ HEBREW? YES NO

CAN YOU CHANT A HAFTARAH? YES NO

CAN YOU CHANT A HAFTARAH? YES NO

PHONE: - - CELL: - -

PHONE: - - CELL: - -

HOME ADDRESS: _____ CITY, ST, ZIP: _____, _____ ANNIVERSARY: _____

E-MAIL: _____

E-MAIL: _____

EMPLOYER _____

EMPLOYER _____

POSITION _____

POSITION _____

WORK TEL - -

WORK TEL - -

CHILDREN

1ST CHILD: NAME: _____ SCHOOL: _____ DOB: _____

 HEB. NAME: _____ RELIGIOUS SCHOOL: _____ HEBREW DATE: _____

2ND CHILD: NAME: _____ SCHOOL: _____ DOB: _____

 HEB. NAME: _____ RELIGIOUS SCHOOL: _____ HEBREW DATE: _____

3RD CHILD: NAME: _____ SCHOOL: _____ DOB: _____

 HEB. NAME: _____ RELIGIOUS SCHOOL: _____ HEBREW DATE: _____

Yahrzeits: (PLEASE INDICATE IF RELATIONSHIP IS TO MEMBER #1 OR MEMBER #2)

NAME	RELATIONSHIP	ENGLISH DATE	HEBREW DATE
_____	_____	<input type="checkbox"/> BEFORE SUNDOWN <input type="checkbox"/> AFTER SUNDOWN	_____
_____	_____	<input type="checkbox"/> BEFORE SUNDOWN <input type="checkbox"/> AFTER SUNDOWN	_____
_____	_____	<input type="checkbox"/> BEFORE SUNDOWN <input type="checkbox"/> AFTER SUNDOWN	_____
_____	_____	<input type="checkbox"/> BEFORE SUNDOWN <input type="checkbox"/> AFTER SUNDOWN	_____

MY AREAS OF INTEREST ARE: (CHECK ALL THAT APPLY):

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- SISTERHOOD / Z'HAVAH YOUNG SISTERHOOD / MEN'S CLUB
- SOCIAL ACTION
- RELIGIOUS SERVICES
- FAMILY & YOUTH ACTIVITIES, RSP
- SOCIAL CLUB (AGES 65 AND OVER)
- SPORTING ACTIVITIES
- HIGH HOLIDAY CHOIR
- OTHER: _____

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- SOCIAL CLUB (AGES 65 AND OVER)
- SPORTING ACTIVITIES
- HIGH HOLIDAY CHOIR
- OTHER: _____

PLEASE INDICATE ANY OTHER SYNAGOGUE AFFILIATION DURING THE LAST FIVE (5) YEARS:

NAME(S) OF FAMILY MEMBERS OR FRIENDS WHO ARE MEMBERS OF CBS:

Note: any information you supply (name or e-mail) will NOT be sold or forwarded to third-party sources.