

Beth Sholom Congregation

8231 Old York Road
 Elkins Park, PA 19027-1595
 215-887-1342 (Phone)
 215-887-6605 (Fax)

MEMBERSHIP APPLICATION (All information is kept CONFIDENTIAL)

Please Print

Today's Date: ____/____/____

PERSONAL INFORMATION

	Adult #1	Adult #2
Title you prefer (circle one)	Mr. Mrs. Ms. Dr. Other	Mr. Mrs. Ms. Dr. Other
First Name and middle initial		
Last name		
Informal Name (nickname)		
Home address Street		
City/State/Zip		
Home Phone		
Home Fax Number		
E-mail address		
Cell Phone Number		
Emergency Contact	Name _____ Phone _____	Name _____ Phone _____
Date of Birth		
Gender	M F	M F
Marital Status (circle all that apply)	Single Married Partners Divorced Separated Widowed Engaged	Single Married Partners Divorced Separated Widowed Engaged
Date of marriage (if applicable)		
Are you related to a Beth Sholom member?	No Yes, How? _____ Who?	No Yes, How? _____ Who?
Other address	Start Date: _____ End Date:	Start Date: _____ End Date:
Street address		
City/State/Zip		
Phone		

Physical Restrictions (circle any which apply)	Vision Hearing Mobility Other	Vision Hearing Mobility Other
Do you or any member of your family have an acute medical problem that you would like the Rabbi to be aware of?	No Yes _____ _____ _____	No Yes _____ _____ _____

RELIGIOUS TRADITION

	Adult #1	Adult #2
Are you a (circle one)	Born Jew Jew by choice Conversion Date ___/___/___ Non-Jew - Denomination	Born Jew Jew by choice Conversion Date ___/___/___ Non-Jew - Denomination
If Jewish, in which tradition were you raised? (circle one)	Conservative Orthodox Reform Reconstructionist Secular	Conservative Orthodox Reform Reconstructionist Secular
Tribe (circle one)	Kohen Levite Israelite	Kohen Levite Israelite
Hebrew name Use English lettering		
Do you keep Kosher?	Yes No	Yes No
Jewish Education (circle all that apply)	Bar/Bat Mitzvah Date ___/___/___ Confirmation Hebrew Day School Other _____ None	Bar/Bat Mitzvah Date ___/___/___ Confirmation Hebrew Day School Other _____ None
Do you read Hebrew?	Prayer Book Fluent No	Prayer Book Fluent No
Would you lead services?	Yes No	Yes No
Would you participate in services?	Hebrew portion English portion No	Hebrew portion English portion No
Do you read Torah? Do you read Haftarah?	Yes No Yes No	Yes No Yes No
Prior Synagogue Affiliation Name & Dates		
Do you own a cemetery plot?	Yes – Location _____ No	Yes – Location _____ No

EMPLOYMENT INFORMATION

	Adult #1	Adult #2
Occupation		
Title		

Employer		
Self-employed	Yes No	Yes No
Business Address Street		
City/State/Zip		
Business phone		
Business Fax		
Specialized Skills or Expertise		

CHILDREN

	Child #1	Child #2	Child #3
Full Name			
Informal Name (nickname)			
Hebrew name Use English			
Gender	M F	M F	M F
Relationship to: Adult #1 Adult #2			
Address (if different from yours)			
Phone (if different from yours)			
Date of Birth			
Bar/Bat Mitzvah Date			
Secular school & grade (if applicable)			
Extent of Religious Education			
Marital Status (if applicable) Spouse's Name			

If you have more than 3 children, please attach an additional page.

PARENTS INFORMATION

	Adult #1	Adult #2
Parents' full names	Father's Name	Father's Name
	Hebrew Name	Hebrew Name
	Living Deceased: Date	Living Deceased: Date
	Mother's Maiden Name	Mother's Maiden Name
	Hebrew Name	Hebrew Name
	Living Deceased: Date	Living Deceased: Date

Yahrzeit INFORMATION

Name		
Relationship		
Date		
Memorial plaque at Beth Sholom	Yes No	Yes No
Name		
Relationship		
Date		
Memorial plaque at Beth Sholom	Yes No	Yes No

If you have more than 3 Yahrzeits, please attach an additional page.

Thank you for your application. This information will be used for Congregation purposes only.

Applicant's Signature

Date

Co-Applicant's Signature

Date