



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 _____, (and thereafter dues as per the established schedule in effect), and \$_____ over a _____ 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: _____

Hebrew Name: _____

Are you?: Kohen Levi Israelite

Date of Birth _____

Can you read Hebrew? YES NO

Can you chant a Haftarah? YES NO

Member #2: _____

Hebrew Name: _____

Are you?: Kohen Levi Israelite

Date of Birth _____

Can you read Hebrew? YES NO

Can you chant a Haftarah? YES NO

.....
Home Phone: () _____ Cell Phone #1: () _____ Cell Phone #2: () _____

Home Address: _____ City & Zip: _____ Anniversary: _____
.....

E-mail Address: _____

Employer: _____

Position: _____

Work Telephone: () _____

E-mail Address: _____

Employer: _____

Position: _____

Work Telephone: () _____

CHILDREN:

1st Child: _____ DOB: _____ Hebrew Name: _____

School: _____ Religious School: _____

2nd Child: _____ DOB: _____ Hebrew Name: _____

School: _____ Religious School: _____

3rd Child: _____ DOB: _____ Hebrew Name: _____

School: _____ Religious School: _____

Yahrzeits: (please indicate if relationship is to Parent #1 or Parent #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):

- 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: _____

Please indicate any other synagogue affiliation during the last five (5) years:

My areas of interest are: (check all that apply):

- 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: _____

Name(s) of family members or friends who are members of Congregation Beth Shalom:

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