CONGREGATION BETH ISRAEL
MEMBERSHIP APPLICATION

751 San Juan Blvd.
Bellingham, WA 98229
Phone: (360)733-8890

Email: office@bethisraelbellingham.org
Website: bethisraelbellingham.org

FIRST ADULT (*Please print all responses on this form*):

Are you Jewish? ☐Yes ☐N Preferred pronouns: _____ Date of Birth _____ /_____ / _____

Name: _____ Hebrew Name: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____ Occupation: _____
(If full-time student or active military, indicate here)

If Jewish by choice: _____ /_____ / _____ _____
Date of conversion *Place of conversion*

Please describe your Jewish background (education, groups, etc.): _____

_____

Previous synagogue affiliations: ☐Yes ☐No If "yes": _____
(Name of synagogue) *(Location)*

Please tell us your goals and interests in joining Beth Israel: _____

_____

SECOND ADULT (*Please print all responses on this form*):

Are you Jewish? ☐Yes ☐N Preferred pronouns: _____ Date of Birth _____ /_____ / _____

Name: _____ Hebrew Name: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____ Occupation: _____
(If full-time student or active military, indicate here)

If Jewish by choice: _____ /_____ / _____ _____
(*Date of conversion)* *(Place of conversion)*

Please describe your Jewish background (education, groups, etc.): _____

_____

Previous synagogue affiliations: ☐Yes ☐No If "yes": _____
(Name of synagogue) *(Location)*

Home Address (*if different than mailing address*): _____

Wedding Anniversary (*if applicable*): _____ /_____ / _____

How would you like your name(s) to appear in our membership list? _____

_____

CHILDREN IN HOUSEHOLD:

Name	M/F/NB	Birthdate	Hebrew Name	Grade in School

YAHRZEITS (*Remembrances of Loved Ones):*

Please list the name & date of death for loved one(s) whose yahrzeit(s) you wish to be remembered at the Shabbat service preceding the anniversary date. Yahrzeit observances follow the Hebrew calendar, but ***you may request the secular date***, if preferred. Our database will calculate the Hebrew date from the secular date **provided you include the year of death.**

☐ Check here to observe on secular date.

Name (*Hebrew name also, if desired*)	**Relationship**	**Secular Date** (*year required*)	**Time of Day** (*AM or PM*)	**or Hebrew Date** (*if known*)

(If required, add more names to the back of this sheet)

Personal Interests:

What are your special interests &/or skills? _____

_____

_____

How would you like to be involved in our synagogue community?_____

_____

_____

Do any of your family members need special accommodations? If "yes", please explain: _____

_____

_____

Consent to use photographs of Congregation Beth Israel members taken at synagogue-related events on the synagogue's website and other published congregational materials will be assumed, unless the synagogue office is notified*

***To opt out of this policy you must notify Beth Israel in writing ***

Please sign below

_____ _____

(Signature of First Adult) *(Signature of Second Adult)*

_____ _____

(Date) *(Date)*

Our bylaws provide that any Jewish person eighteen years of age or older is eligible to become a member upon approval of his or her application by the board of directors. The bylaws also provide that both individual and family memberships are each considered one unit of membership in the congregation. By applying to membership at CBI you agree to our Code of Conduct as part of our Member in Good Standing Policy. See section 2.2 of bylaws. For specifics on membership requirements, and the role of the non-Jewish partner or spouse, see Section 2 of the bylaws. For a copy of our bylaws, please email office@bethisraelbellingham.org.