

CONGREGATION BETH ISRAEL

2200 Broadway
Bellingham, WA 98225
Phone: (360)733-8890

Fax: (360)733-9842
Email: office@bethisraelbellingham.org
Website: www.bethisraelbellingham.org

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

Are you Jewish: Yes No Birthdate: ____ / ____ / ____

Name: _____ Hebrew Name: _____

Mailing Address: _____

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

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

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: _____

May we contact you by email?: Yes No

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

Are you Jewish: Yes No Birthdate: ____ / ____ / ____

Name: _____ Hebrew Name: _____

Mailing Address: _____

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

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

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)

May we contact you by email?: Yes No

VOLUNTEER & SPECIAL INTEREST INFORMATION

Volunteer opportunities abound at Beth Israel. What special areas of synagogue life interest you? It's fun to get involved! We are only as strong as our membership.

Please initial any interest and a committee representative will contact you:

- | | |
|---------------------------------------|------------------------------------|
| _____ Brotherhood | _____ Programming & Special Events |
| _____ Building Maintenance | _____ Religious School |
| _____ Care Committee | _____ Religious Practices |
| _____ <i>Chevra Kaddisha</i> Services | _____ Sisterhood |
| _____ Fund Raising | _____ Social Action |
| _____ "Golden Girls" Lunch Bunch | _____ Volunteer in Office |
| _____ Landscape Maintenance | |

Do you have any skills or special talents you would be willing to share with us? (e.g. Hebrew and/or Yiddish fluency, storytelling, instrumental or voice talents, arts and crafts, etc.).

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

(Please feel free to provide additional information on the reverse side of this page.). Check here to indicate: Yes

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.

****Notification to "opt out" of this policy must be made to 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 and older, is eligible to become a member upon approval of his/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. For specifics on membership requirements and the role of the non-Jewish partner or spouse, see Section 2 of the bylaws.

Office Use Only

Membership Chair Contacted: ____ Board Approval: ____ Interests Passed On: ____ Treasurer Contacted: ____