

# Congregation Beth Israel

2200 Broadway Bellingham, WA 98225 360/733-8890

**(PLEASE PRINT)**

## FIRST ADULT

Are you Jewish? Yes  No

Male  Female

Name:

Hebrew Name:

\_\_\_\_\_

First

Middle

Last

E-Mail: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Other Phone

(Fax/Cell/etc.): \_\_\_\_\_

If Jewish by choice, please indicate date and place of conversion & Rabbi who officiated at your conversion:

Please describe your Jewish background (prior congregations, education, etc):

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

May we contact you by e-mail? (address will not be shared) Yes  No

**(PLEASE PRINT)**

## SECOND ADULT

Are you Jewish? Yes  No

Male  Female

Name:

Hebrew Name:

\_\_\_\_\_

First

Middle

Last

E-Mail: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Other Phone

(Fax/Cell/etc.): \_\_\_\_\_

If Jewish by choice, please indicate date and place of conversion & Rabbi who officiated at your conversion:

Please describe your Jewish background (prior congregations, education, etc):

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

May we contact you by e-mail? (address will not be shared) Yes  No

(OVER →)



**Volunteer and 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 areas of interest, and a committee representative will contact you:

- |   |   |
|---|---|
| <input type="checkbox"/> Archives (Synagogue History) | <input type="checkbox"/> Membership/Outreach              |
| <input type="checkbox"/> Brotherhood                  | <input type="checkbox"/> Programming & Special Events     |
| <input type="checkbox"/> Building Maintenance         | <input type="checkbox"/> Religion in the [Public] Schools |
| <input type="checkbox"/> Chevra Kaddisha Services     | <input type="checkbox"/> Religious School                 |
| <input type="checkbox"/> Fund Raising                 | <input type="checkbox"/> Shabbat Preschool Playgroup      |
| <input type="checkbox"/> Hadassah                     | <input type="checkbox"/> Sisterhood                       |
| <input type="checkbox"/> "Golden Girls" Lunch Bunch   | <input type="checkbox"/> Social Action                    |
| <input type="checkbox"/> Landscape Maintenance        | <input type="checkbox"/> Volunteer in Office              |

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 vocal musical talents, arts and crafts, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please feel free to provide any additional information on the reverse of this page.

**Please sign below:**

\_\_\_\_\_  
*Signature, First Adult Member*                      *Signature, Second Adult Member*                      *Date*

Our bylaws state that any person of the Jewish faith 18 years or older may be accepted as a member. In the case of married persons the unit of membership shall be the family. A non-Jewish spouse shall be considered a member in good standing and welcome to share in the fellowship of the Congregation and may serve on Committees. Voting privileges and holding of office shall be reserved to Jews by birth and Jews by choice.

**Office Use Only**

Membership Chair Contacted: \_\_\_\_\_ Board Approval: \_\_\_\_\_ Interests Passed On: \_\_\_\_\_ Treasurer Contacted: \_\_\_\_\_