## Congregation Beth Israel 2200 Broadway Bellingham, WA 98225 360/733-8890

(PLEASE PRINT) FIRST	<u>ADULT</u>				
Are you Jewish? Yes No	MaleFemale				
Name:	Hebrew Name:				
7. 111					
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 <u>not</u> be shared) Yes No					
(PLEASE PRINT) SECON	D ADULT				
•	D ADULT  Male Female				
(PLEASE PRINT)  Are you Jewish? Yes No  Name:					
Are you Jewish? Yes No Name:	Male Female				
Are you Jewish? Yes No	Male Female				
Are you Jewish? Yes No Name:	Male Female  Hebrew Name:				
Are you Jewish? Yes No  Name:  First Middle Last  E-Mail:	Male Female  Hebrew Name:  Birth Date:				
Are you Jewish? Yes No  Name:  First Middle Last  E-Mail:  Occupation:	Male Female  Hebrew Name:  Birth Date:  Work Phone:  Other Phone				
Are you Jewish? Yes No  Name:  First Middle Last  E-Mail:	Male Female  Hebrew Name:  Birth Date:  Work Phone:  Other Phone (Fax/Cell/etc.):				
Are you Jewish? Yes No  Name:  First Middle Last  E-Mail:  Occupation:  Home Phone:	Male Female  Hebrew Name:  Birth Date:  Work Phone:  Other Phone  (Fax/Cell/etc.):  version & Rabbi who officiated at your conversion:				
Are you Jewish? Yes No  Name:  First Middle Last  E-Mail:  Occupation:  Home Phone:  If Jewish by choice, please indicate date and place of continuous continu	Male Female  Hebrew Name:  Birth Date:  Work Phone:  Other Phone (Fax/Cell/etc.):  eversion & Rabbi who officiated at your conversion:  regations, education, etc):				

Household Information					
Home Address:					
Street		City	-	State Zip	_
Wedding Anniversary (if applicable):	Month	 Day	Year		
	MOHIII	Бау	i ear		
How would you like your names(s) to ap	ppear on our me	mbership list?	,		
(e.g. Ms. Sara Gold, Mr. Jon Cohen, Mr.	& Mrs. Jon Cohen,	Sarah & Jon Coh	en, Sara Gold & J	on Cohen, Dr. Sara	Gold, etc.)
Children in Household					
Name	M or F	Birth Dat	<u>e</u> <u>Hebr</u>	ew Name	<u>Year in School</u>
			•		
				<u></u>	
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				L. I. I.	
	eits (Rememb				
Please list the name and date of death for lapreceding the anniversary date. Yahrzeit ob	loved ones whose	yahrzeits you the Hebrew ca	wish to be rem	nembered at the S	habbat service secular date if
preferred \$\dlot\$. Our database will calculate t	he Hebrew date	from the secula	ar date <u>provide</u>	d the year of dea	th is included.
Check here to observe on secular date			Secular Date	Time of Day OR	Hebrew Date
Name (Hebrew name also, if desired)	<u>R</u>	<u>elationship</u>	(incl. YEAR)	(AM or PM)	(if known)
				-	
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Volunteer and Special Intere Volunteer opportunities abound at Beth Israel. What special ar- get involved! We are only as strong as our membership.					
Please initial any areas of interest, and a committ	ee representative will contact you:				
Archives (Synagogue History)	Membership/Outreach				
Brotherhood	Programming & Special Events				
Building Maintenance	Religion in the [Public] Schools				
Chevra Kaddisha Services	Religious School				
Fund Raising	Shabbat Preschool Playgroup				
Hadassah	Sisterhood				
"Golden Girls" Lunch Bunch	Social Action				
Landscape Maintenance	Volunteer in Office				
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:				