

# CONGREGATION BETH ISRAEL MEMBERSHIP APPLICATION

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Bellingham, WA 98229  
Phone: (360)733-8890

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

Are you Jewish?  Yes  N

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  No

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:**

<b>Name</b>	<b>M or F</b>	<b>Birthdate</b>	<b>Hebrew Name</b>	<b>Grade in School</b>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**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.

<b>Name</b> ( <i>Hebrew name also, if desired</i> )	<b>Relationship</b>	<b>Secular Date</b> ( <i>year required</i> )	<b>Time of Day</b> ( <i>AM or PM</i> )	<b>or Hebrew Date</b> ( <i>if known</i> )
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(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 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.