

CONGREGATION BETH SHALOM
6800 35TH AVENUE NORTHEAST
SEATTLE, WA 98115 PHONE 206-524-0075 FAX 206-525-5095
MEMBERSHIP APPLICATION

Date: _____

Name _____

Address _____ Occupation _____

City _____ Zip Code _____ Birth Date _____

Home Phone _____ Work Phone _____

E-mail _____ @ _____ Fax: _____

Anniversary (please include year) _____ Full Hebrew Name _____

(Transliterated in English - e.g. Baruch ben Dov v'Ruth)

Check in the appropriate: Kohen Levi Yisrael Mother is Jewish? Yes No
Father is Jewish? Yes No
Beit Din? Yes No

Partner's Name (if applicable) _____

Occupation _____ Birthdate _____

E-mail _____ @ _____ Fax: _____

Work Phone _____ Hebrew Name _____

(Transliterated in English - e.g. Baruch ben Dov v'Ruth)

Check in the appropriate: Kohen Levi Yisrael Mother is Jewish? Yes No
Father is Jewish? Yes No
Beit Din? Yes No

CHILDREN:

Name _____ Birth Date _____ School _____ Grade _____

Name _____ Birth Date _____ School _____ Grade _____

Name _____ Birth Date _____ School _____ Grade _____

Name _____ Birth Date _____ School _____ Grade _____

YAHRZEITS: (If you do not know the Hebrew dates, please put the Julian date and year.)

Name *Charles Gold* _____ Relationship *grandfather* To *Julie* _____ Date *8/18/88* _____

Name _____ Relationship _____ To _____ Date _____

Name _____ Relationship _____ To _____ Date _____

Name _____ Relationship _____ To _____ Date _____

Name _____ Relationship _____ To _____ Date _____

PREVIOUS SYNAGOGUE AFFILIATION:

Name and location of previous synagogue: _____

Conservative Orthodox Reconstructionist Reform Other _____

As a member of Congregation Beth Shalom, I/we agree to abide by the rules, bylaws and acts of the Board of Directors including the payment of dues and other financial obligations.

_____ Date _____ Date _____

Applicant's Signature Applicant's Signature

*For interfaith families membership is under the name of the Jewish spouse