

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
Underwent Conversion? . 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
Underwent Conversion? . Yes . No

CHILDREN:

Name _____ Birth Date _____ School _____ Grade ____
Name _____ Birth Date _____ School _____ Grade ____
Name _____ Birth Date _____ School _____ Grade ____
Name _____ Birth Date _____ School _____ Grade ____

YAHREZITS: (Please put the Gregorian date and year.) *This can be given to the office at a later date.*

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