



**CONGREGATION
BETH SHALOM**
A WELCOMING, INCLUSIVE COMMUNITY

Membership Application

6800 35th Avenue NE Seattle, WA 98115
 Phone: 206-524-0075 | Fax: 206-525-5095

Today's date: _____

Your Information

Name (First and Last) :		
Address:	City:	Zip:
Home Phone:	Occupation:	
Cell Phone:	Work contact info:	
Email:		
Birthday (Day/Month/Year):	Please check as appropriate:	
Full Hebrew Name: (Please write it in English letters - e.g. <i>Baruch ben Dov v'Ruth</i>)	Tribe: <input type="checkbox"/> Kohen <input type="checkbox"/> Levi <input type="checkbox"/> Yisrael Mother is Jewish? <input type="checkbox"/> Yes <input type="checkbox"/> No Father is Jewish? <input type="checkbox"/> Yes <input type="checkbox"/> No Underwent Conversion? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Partner/Spouse Information

Note: For interfaith families, the membership will be listed under the Jewish spouse

Name (First and Last) :		Anniversary date:
Home Phone:	Occupation:	
Cell Phone:	Work contact info:	
Email:		
Birthday (Day/Month/Year):	Please check as appropriate:	
Full Hebrew Name: (Please write it in English letters - e.g. <i>Baruch ben Dov v'Ruth</i>)	Tribe: <input type="checkbox"/> Kohen <input type="checkbox"/> Levi <input type="checkbox"/> Yisrael Mother is Jewish? <input type="checkbox"/> Yes <input type="checkbox"/> No Father is Jewish? <input type="checkbox"/> Yes <input type="checkbox"/> No Underwent Conversion? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Children

Name (First and Last)	Birthday (Day/Month/Year):	School/Occupation	Notes (allergies, etc)

If you have more children to add, please feel free to attach an additional sheet. If there are any other adults living in your household that you would like to add to your membership, please attach a sheet with their information as well.

Yahrzeits

As a courtesy for our members, Beth Shalom sends out reminder letters a few weeks in advance of a Yahrzeit. Member Yahrzeits are also published in our monthly and weekly newsletters, and read from the bima on Shabbat. If you would like to receive these reminders, please fill out the table below. *You may give this information to the office at any time.*

Name (English preferred)	Date of Death (Gregorian preferred; Day/Month/Year)	Relationship to Mourner	Mourner

If you have more yahrzeits to add, please attach an additional sheet.

Previous Synagogue Affiliation

Synagogue Name:	Location:	Denomination, if known:

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.

Applicant's Signature

Date

Applicant's Signature

Date