



**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

|   |  |             |
|---|--|-------------|
| <b>Name (First and Last):</b>   |  |             |
| <b>Address:</b>   | <b>City:</b>   | <b>Zip:</b> |
| <b>Home Phone:</b>  | <b>Occupation:</b>   |             |
| <b>Cell Phone:</b>  | <b>Pronouns (optional):</b>  |             |
| <b>Email:</b>   |  |             |
| <b>Birthday (Month/Day/Year):</b>   | <b>Please check as appropriate:</b>  |             |
| <b>Full Hebrew Name:</b><br>(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<br>Mother is Jewish? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Father is Jewish? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>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.*

|   |  |                          |
|---|--|--------------------------|
| <b>Name (First and Last):</b>   |  | <b>Anniversary date:</b> |
| <b>Home Phone:</b>  | <b>Occupation:</b>   |                          |
| <b>Cell Phone:</b>  | <b>Pronouns (optional):</b>  |                          |
| <b>Email:</b>   |  |                          |
| <b>Birthday (Month/Day/Year):</b>   | <b>Please check as appropriate:</b>  |                          |
| <b>Full Hebrew Name:</b><br>(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<br>Mother is Jewish? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Father is Jewish? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Underwent Conversion? <input type="checkbox"/> Yes <input type="checkbox"/> No |                          |

## Children

| Name (First and Last) | Birthday<br>(Month/Day/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; Month/Day/Year) | Relationship to Mourner | Mourner |
|--------------------------|---|-------------------------|---------|
|                          |   |                         |         |
|                          |   |                         |         |
|                          |   |                         |         |
|                          |   |                         |         |
|                          |   |                         |         |
|                          |   |                         |         |

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

*Please be sure to provide the year if giving a Gregorian date.*

## Previous Synagogue Affiliation

|                        |                  |                                |
|------------------------|------------------|--------------------------------|
| <b>Synagogue Name:</b> | <b>Location:</b> | <b>Denomination, if known:</b> |
|                        |                  |                                |

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*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 |
|-----------------------|------|-----------------------|------|