

MEMBERSHIP APPLICATION

GLAD TO MEET YOU

Adult #1

Dr. Mr. Mrs. Ms. Other _____
 First Name _____ (Nickname _____)
 Middle /Maiden Name _____
 Last Name _____
 Birthdate _____
 Email Address* _____
 Cell Phone Number _____
 Employer _____
 Profession/Job Skills _____

Adult #2

Dr. Mr. Mrs. Ms. Other _____
 First Name _____ (Nickname _____)
 Middle /Maiden Name _____
 Last Name _____
 Birthdate _____
 Email Address _____
 Cell Phone Number _____
 Employer _____
 Profession/Job Skills _____

** This will be the account's default email address.*

Single Separated Divorced Widowed

Married/Partnered: Anniversary _____ Interfaith Household

HOME INFORMATION

Street Address _____

City _____ State _____ Zip Code _____

Home Phone #1 _____ Home Phone #2 _____ Home Fax _____

Join our email distribution list! Please give us all of the emails you would like added to the list:

DO YOU HAVE RELATIVES AT BETH DAVID?

First Name _____ Last Name _____ Relationship _____

First Name _____ Last Name _____ Relationship _____

YOUR CHILDREN

Child	Child	Child*
First Name _____ (Nickname _____)	First Name _____ (Nickname _____)	First Name _____ (Nickname _____)
Middle Name _____	Middle Name _____	Middle Name _____
Last Name _____	Last Name _____	Last Name _____
Hebrew Name _____ <i>transliteration OK</i>	Hebrew Name _____ <i>transliteration OK</i>	Hebrew Name _____ <i>transliteration OK</i>
Lineage <input type="checkbox"/> Cohen <input type="checkbox"/> Levite <input type="checkbox"/> Neither	Lineage <input type="checkbox"/> Cohen <input type="checkbox"/> Levite <input type="checkbox"/> Neither	Lineage <input type="checkbox"/> Cohen <input type="checkbox"/> Levite <input type="checkbox"/> Neither
Gender <input type="checkbox"/> M <input type="checkbox"/> F	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Birthdate _____	Birthdate _____	Birthdate _____
Lives at home? <input type="checkbox"/> Yes <input type="checkbox"/> No	Lives at home? <input type="checkbox"/> Yes <input type="checkbox"/> No	Lives at home? <input type="checkbox"/> Yes <input type="checkbox"/> No
Bar/Bat Mitzvah completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Bar/Bat Mitzvah completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Bar/Bat Mitzvah completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, date completed? _____	If yes, date completed? _____	If yes, date completed? _____
If no, intends to do so? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, intends to do so? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, intends to do so? <input type="checkbox"/> Yes <input type="checkbox"/> No
Public School Grade _____	Public School Grade _____	Public School Grade _____
School Name: _____ _____	School Name: _____ _____	School Name: _____ _____

* Use additional form to include more children

JEWISH GEOGRAPHY

How long have you been a Bay Area resident? _____ From where did you move? _____

Present or former synagogue affiliation? _____ when _____
Name City

What is your hometown? Adult #1 _____ Adult #2 _____

Emergency contact information: (name, telephone number, address and relationship)

YAHRTZEIT OBSERVANCE

Please list the names of family members and other pertinent information for those you wish remembered. Please use our additional Yahrzeit form to include more family members.

Adult #1	Adult #2
First Name of Departed _____	First Name of Departed _____
Last Name of Departed _____	Last Name of Departed _____
Hebrew Name _____ <i>transliteration OK</i>	Hebrew Name _____ <i>transliteration OK</i>
Relationship _____	Relationship _____
Civil Date of Death (<i>including year</i>) _____	Civil Date of Death (<i>including year</i>) _____
<i>Check One (required)</i>	<i>Check One (required)</i>
Death occurred	Death occurred
<input type="checkbox"/> before sunset	<input type="checkbox"/> before sunset
<input type="checkbox"/> after sunset	<input type="checkbox"/> after sunset

MAKING A CONNECTION – BECOME PART OF OUR CBD FAMILY

Which congregational activities interest you?

<u>Adult #1 Interest</u>	<u>Adult #2 Interest</u>	<u>Activity</u>
<input type="checkbox"/>	<input type="checkbox"/>	Sisterhood
<input type="checkbox"/>	<input type="checkbox"/>	Men’s Club
<input type="checkbox"/>	<input type="checkbox"/>	Young Adults Group
<input type="checkbox"/>	<input type="checkbox"/>	Jewish Families Group
<input type="checkbox"/>	<input type="checkbox"/>	Havurah
<input type="checkbox"/>	<input type="checkbox"/>	Hazak (for ages 55 and up)
<input type="checkbox"/>	<input type="checkbox"/>	Adult Education (topic lectures, Hebrew, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	Jewish Book Group
<input type="checkbox"/>	<input type="checkbox"/>	Chevrat Chesed (helping congregants in need)
<input type="checkbox"/>	<input type="checkbox"/>	Social Action
<input type="checkbox"/>	<input type="checkbox"/>	Worship Services
<input type="checkbox"/>	<input type="checkbox"/>	Threads of Tradition (sew burial garments)

PLEASE SHARE YOUR RELIGIOUS BACKGROUND

Adult #1

In what religious tradition were you raised?

- Conservative Reform Orthodox
 Secular Non-Jewish None

My father is/was a Cohen Levite

Your Full Hebrew Name

_____ *transliteration OK*

Father’s Hebrew Name

_____ *transliteration OK*

Mother’s Hebrew Name

_____ *transliteration OK*

Did your Jewish education include a:

- Bar/Bat Mitzvah? date _____
 Confirmation? date _____

Special Ritual Skills (check all that apply):

- Read Hebrew Recite Brakhot for Torah
 Read Torah Read Haftarah
 Lay Service Leader

Adult #2

In what religious tradition were you raised?

- Conservative Reform Orthodox
 Secular Non-Jewish None

My father is/was a Cohen Levite

Your Full Hebrew Name

_____ *transliteration OK*

Father’s Hebrew Name

_____ *transliteration OK*

Mother’s Hebrew Name

_____ *transliteration OK*

Did your Jewish education include a:

- Bar/Bat Mitzvah? date _____
 Confirmation? date _____

Special Ritual Skills (check all that apply):

- Read Hebrew Recite Brakhot for Torah
 Read Torah Read Haftarah
 Lay Service Leader

May we 'welcome' you?

When you become a member of Beth David, we like to highlight you in our monthly publication. Please let us know that we may 'welcome' you in this way.

- YES** Please list all family members on this application as new members in the Congregation Beth David D'var.
- YES** Feel free to say a little something about me/us from my/our interests listed on this application
- YES** Please have someone contact me/us for a small photo to include.
- NO** I/We decline all of the above.

Name

Signature

SUSTAINING CONTRIBUTION

The Finance Committee of the Board of Directors has determined the 2020-2021 "Sustaining Number," for each two adult membership unit to be \$310 per month or \$3,720 per year. For individuals, the amount is half that, \$155 per month or \$1,860 per year.

Please complete the enclosed sustaining contribution paperwork. The sustaining contribution paperwork and a one month contribution are *required with your application*.

Although submitted with application, contribution paperwork is fully confidential and may be separately sealed and submitted to the attention of the "Member Accounts" team member.

Signature of Applicant

Date

Signature of Add'l Applicant

Date

Please take a moment to let us know how you heard about us.

- Beth David Member _____
Name Relationship
- Attended an Event _____
Please Specify
- Website Advertisement _____ Other _____
Please specify Please specify

Office Use Only

Date Received _____

Received By _____

Received Financial Envelope

Yes

No