



CONGREGATION BETH DAVID

Membership Application

Adult #1 Dr. Rabbi

First Name _____ Last Name _____

Middle Name _____ (Nickname _____)

Birthdate (MM/DD/YYYY) _____ Gender M F Non-Binary

Email Address _____ Cell Phone Number _____

Employer _____ Profession _____

How long have you been a Bay Area resident? _____

From where did you move? _____

What is your hometown? _____

Present or former synagogue affiliation _____ When? _____

In what religious tradition were you raised?

Conservative Reform Orthodox Secular Non-Jewish None Other _____

Your Full Hebrew Name

_____ *transliteration OK*

My father is/was a Cohen Levite

Father's Hebrew Name

_____ *transliteration OK*

Mother's Hebrew Name

_____ *transliteration OK*

Did your Jewish education include a Bar/Bat Mitzvah? Date _____

Special Ritual Skills (check all that apply):

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

Yahrzeit 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.

Notify me of Yahrzeits by Postal Mail Email

First Name of Departed _____

First Name of Departed _____

Last Name of Departed _____

Last Name of Departed _____

Hebrew Name _____ *transliteration OK*

Hebrew Name _____ *transliteration OK*

Relationship _____

Relationship _____

Civil Date of Death (including year) _____

Civil Date of Death (including year) _____

Check One (required)

Death occurred before sunset after sunset

Check One (required)

Death occurred before sunset after sunset

Adult #2 Dr. Rabbi

First Name _____ Last Name _____

Middle Name _____ (Nickname _____)

Birthdate (MM/DD/YYYY) _____ Gender M F Non-Binary

Email Address _____ Cell Phone Number _____

Employer _____ Profession _____

How long have you been a Bay Area resident? _____

From where did you move? _____

What is your hometown? _____

Present or former synagogue affiliation _____ When? _____

In what religious tradition were you raised?

Conservative Reform Orthodox Secular Non-Jewish None Other _____

Your Full Hebrew Name

_____ *transliteration OK*

My father is/was a Cohen Levite

Father's Hebrew Name

_____ *transliteration OK*

Mother's Hebrew Name

_____ *transliteration OK*

Did your Jewish education include a Bar/Bat Mitzvah? Date _____

Special Ritual Skills (check all that apply):

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

Yahrzeit 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.

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First Name of Departed _____

First Name of Departed _____

Last Name of Departed _____

Last Name of Departed _____

Hebrew Name _____ *transliteration OK*

Hebrew Name _____ *transliteration OK*

Relationship _____

Relationship _____

Civil Date of Death (including year) _____

Civil Date of Death (including year) _____

Check One (required)

Death occurred before sunset after sunset

Check One (required)

Death occurred before sunset after sunset

YOUR CHILDREN (Under 26)

First Name _____ (Nickname _____)	First Name _____ (Nickname _____)
Middle Name _____	Middle Name _____
Last Name _____	Last Name _____
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
Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Non-Binary	Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Non-Binary
Birthdate _____	Birthdate _____
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
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
Public School Grade _____	Public School Grade _____
School Name: _____	School Name: _____

First Name _____ (Nickname _____)	First Name _____ (Nickname _____)
Middle Name _____	Middle Name _____
Last Name _____	Last Name _____
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
Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Non-Binary	Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Non-Binary
Birthdate _____	Birthdate _____
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
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
Public School Grade _____	Public School Grade _____
School Name: _____	School Name: _____

HOUSEHOLD INFORMATION

Street Address _____

City _____ State _____ Zip Code _____

Primary Phone _____ (Included in our printed directory. Traditionally a landline, mobile OK)

Single Separated Divorced Widowed

Married/Partnered: Anniversary (MM/DD/YYYY) _____/_____/_____ Interfaith Household

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

Member Directory preferences (printed and online, available to other members only)

Please include Opt-out

Account Statement preference

Postal mail Email

Monthly Newsletter preferences

Postal mail Email

**We like to acknowledge birthdays and anniversaries of our members.
(Month and date only, no year). May we include your family?**

Birthdays

Please include Opt-out Adults Opt-out Children

Anniversary

Please include Opt-out

DO YOU HAVE RELATIVES AT BETH DAVID?

Full Name _____ Relationship _____

Full Name _____ Relationship _____

WHICH CONGREGATIONAL ACTIVITIES INTEREST YOU?

<u>Adult #1 Interest</u>	<u>Adult #2 Interest</u>	<u>Activity</u>
<input type="checkbox"/>	<input type="checkbox"/>	Adult Education (topic lectures, Hebrew, book group etc.)
<input type="checkbox"/>	<input type="checkbox"/>	Beth David Women
<input type="checkbox"/>	<input type="checkbox"/>	Hazak (for ages 55 and up)
<input type="checkbox"/>	<input type="checkbox"/>	Kolot (Jewish Families Group)
<input type="checkbox"/>	<input type="checkbox"/>	Men's Club
<input type="checkbox"/>	<input type="checkbox"/>	Tikkun Olam (Social Action)
<input type="checkbox"/>	<input type="checkbox"/>	WeCare (helping congregants in need)

MAY WE 'WELCOME' YOU?

When you become a member of Beth David, we like to highlight you in our monthly publication. Check all that apply.

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

SUSTAINING CONTRIBUTION

The Finance Committee of the Board of Directors has determined the 2021-2022 "Sustaining Number," for each two adult membership unit to be \$320 per month or \$3,840 per year. For individuals, the amount is half that, \$160 per month or \$1,920 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