



# Congregation Beth Shalom

5303 Winters Chapel Road, Atlanta GA 30360  
phone 770.399.5300

## **Application for Membership 2010 - 2011**



I hereby make application to Congregation Beth Shalom (Please type or print):

Date of Application \_\_\_\_\_

**MALE**

**FEMALE**

Name: \_\_\_\_\_  
          First        Middle        Last

Name: \_\_\_\_\_  
                  First        Middle        Last

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_  
                  Home                    Cell

Phone #: \_\_\_\_\_  
                                  Home                    Cell

Email \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Hebrew Name (Transliterated) \_\_\_\_\_  
\_\_\_\_\_ben\_\_\_\_\_

Hebrew Name (Transliterated) \_\_\_\_\_  
\_\_\_\_\_bat\_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Father's English Name: \_\_\_\_\_

Father's English Name: \_\_\_\_\_

Father's Hebrew Name: \_\_\_\_\_  
                  ben \_\_\_\_\_

Father's Hebrew Name: \_\_\_\_\_  
                                  ben \_\_\_\_\_

Is your father a Cohen, Levi or Yisrael (circle one)

Is your father a Cohen, Levi or Yisrael (circle one)

Mother's English Name: \_\_\_\_\_

Mother's English Name: \_\_\_\_\_

Mother's Hebrew Name: \_\_\_\_\_  
                  bat \_\_\_\_\_

Mother's Hebrew Name: \_\_\_\_\_  
                                  bat \_\_\_\_\_

Name of former synagogue affiliation:

Name of former synagogue affiliation:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

Month/Year Left: \_\_\_\_\_

Month/Year Left: \_\_\_\_\_

Is your mother Jewish by birth?        Yes    No

Is your mother Jewish by birth?        Yes    No

Did she convert before your birth?    Yes\*   No

Did she convert before your birth?    Yes\*   No

Are you a convert to Judaism?        Yes\*   No

Are you a convert to Judaism?        Yes\*   No

If yes, please forward a copy of the conversion Documents to the attention of the Rabbi

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Marital Status: \_\_\_Married \_\_\_Single \_\_\_Divorced \_\_\_Widowed  
Anniversary Date: \_\_\_\_\_

## CHILDREN

English Name:	Hebrew Name: In English	Birthdate:	Public School Grade	Hebrew School Grade	Check if Child is Adopted:
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

## Yahrzeit Information

English Name:	Hebrew Name: In English	Relationship	English Date of death mo/day/year	Check if died after sundown:
_____	bat/ben	_____	_____	_____
_____	bat/ben	_____	_____	_____
_____	bat/ben	_____	_____	_____
_____	bat/ben	_____	_____	_____
_____	bat/ben	_____	_____	_____
_____	bat/ben	_____	_____	_____

Are you interested in serving on any of the following committees?

Ritual \_\_\_\_\_ Education \_\_\_\_\_ Membership \_\_\_\_\_ Fundraising \_\_\_\_\_ Youth Commission \_\_\_\_\_  
 Chesed \_\_\_\_\_ Chevra Kadisha \_\_\_\_\_ Programming \_\_\_\_\_ Pre-School \_\_\_\_\_  
 House & Grounds Committee \_\_\_\_\_ Daily Minyan \_\_\_\_\_  
 Other \_\_\_\_\_

Any special interests or talents to share with us:

\_\_\_\_\_

We need volunteers to:

\_\_\_\_\_ Serve as usher during services \_\_\_\_\_ Chant Torah \_\_\_\_\_ Chant Haftorah \_\_\_\_\_ Education Committee  
 \_\_\_\_\_ Daven Shacharit or Musaf \_\_\_\_\_ Lead Sunday am or daily Minyan \_\_\_\_\_ Help with Jr. Congregation  
 \_\_\_\_\_ Help with Children's Services \_\_\_\_\_ Sisterhood \_\_\_\_\_ Men's Club \_\_\_\_\_ Choir \_\_\_\_\_ Hazak

**CONGREGATION BETH SHALOM**  
**Financial Commitment Form**

Read the following carefully and fill in the required information.

1. Our fiscal year runs from July 1 to June 30th. Your financial commitment will apply from now until June 30th. Dues and other financial obligations to the synagogue may be paid monthly, semi-annually or annually. ( Please be sure to indicate your preference)
2. The dues schedule for this year is attached. Please check below your category. Refer to the copy of the Dues Schedule for definitions of membership categories and dues rates.

<input type="checkbox"/> Double Chai Membership	<input type="checkbox"/> Jr. Single Membership (under 30)
<input type="checkbox"/> Chai Membership	<input type="checkbox"/> Young Single Membership (age 31-35)
<input type="checkbox"/> Full Family Membership (age 36-64)	<input type="checkbox"/> Single Membership (age 36-64)
<input type="checkbox"/> Single Parent Membership	<input type="checkbox"/> Single Senior Citizen (age 65 & older)
<input type="checkbox"/> Senior Citizen Family Membership (over 65)	<input type="checkbox"/> Associate Membership* This requires full dues paying membership at another synagogue. Please list the name and address of Synagogue
<input type="checkbox"/> Young Family Membership (older spouse 31-35)	_____
<input type="checkbox"/> Jr. Family Membership (older spouse under 30)	_____

3. In order to receive High Holy Day tickets, payment of 40% of current year's dues is required.

I wish to pay dues and applicable building fund:

- ( ) Annually  
( ) Semi-Annually  
( ) In equal monthly payments  
( ) Other (please indicate on separate sheet; subject to office approval)

4. Building Fund & Other Fees as detailed on attached Dues Schedule

I (we) agree to pay the above stated fees (appropriate dues, building fund and religious school) for the year 2010-2011 as indicated on this form.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Spouse

Date \_\_\_\_\_

Enclosed is my check for \$ \_\_\_\_\_

Membership is renewed automatically each July 1st. To terminate your membership, you must submit a resignation in writing to the synagogue office . All balances due are an obligation of membership and are collectable. This form is an integral part of our accounting system. It must be signed upon application.