



Beth Israel Membership Application

PLEASE COMPLETE ALL INFORMATION

APPLICANT INFORMATION

Family Name:		Home Phone:
Current Address:		Mobile Phone:
City:	State:	ZIP Code:

MEMBER #1

Full English Name:		
Full Hebrew Name: (e.g., Joseph ben Abraham)		ben/bat
Check one: Kohen <input type="checkbox"/>	Levi <input type="checkbox"/>	Israel <input type="checkbox"/>
Religious Background	Orthodox <input type="checkbox"/>	Conservative <input type="checkbox"/>
	Reconstructionist <input type="checkbox"/>	Reform <input type="checkbox"/>
Occupation		
Work Address		Work Phone: - -
Birthday:	Wedding Anniversary:	Personal interests:
Email:		
How did you hear about Beth Israel:		
Previous Synagogue Affiliation:		
Synagogue Interests:		
Men's Club <input type="checkbox"/> Sisterhood <input type="checkbox"/> Zahavah <input type="checkbox"/> Social Action <input type="checkbox"/> Choir <input type="checkbox"/> Ritual <input type="checkbox"/>		
Preschool <input type="checkbox"/> Religious School <input type="checkbox"/> Chevrah Kadisha <input type="checkbox"/> Fundraising <input type="checkbox"/> Programming <input type="checkbox"/>		

MEMBER #2

Full English Name:		Mobile Phone:
Full Hebrew Name: (e.g., Joseph ben Abraham)		ben/bat
Choose one: Kohen <input type="checkbox"/>	Levi <input type="checkbox"/>	Israel <input type="checkbox"/>
Religious Background	Orthodox <input type="checkbox"/>	Conservative <input type="checkbox"/>
	Reconstructionist <input type="checkbox"/>	Reform <input type="checkbox"/>
Occupation		
Work Address		Work Phone: - -
Birthday:	Personal interests:	
Email:		
Previous Synagogue Affiliation:		
Synagogue Interests:		
Men's Club <input type="checkbox"/> Sisterhood <input type="checkbox"/> Zahavah <input type="checkbox"/> Social Action <input type="checkbox"/> Choir <input type="checkbox"/> Ritual <input type="checkbox"/>		
Preschool <input type="checkbox"/> Religious School <input type="checkbox"/> Chevrah Kadisha <input type="checkbox"/> Fundraising <input type="checkbox"/> Programming <input type="checkbox"/>		

YAHREZIT (ANNIVERSARY OF DEATH) INFORMATION

Name	Relationship	English Date with Year
		Day/Night
		Day/Night
		Day/Night
		Day/Night
Add additional sheet, if needed		

PLEASE COMPLETE ALL INFORMATION

CHILD #1

Full English Name	Full Hebrew Name ben/bat
Birthday email:	School Attending:
Previous Religious Training	Interests (check those applicable): Preschool <input type="checkbox"/> Religious School <input type="checkbox"/> BI High <input type="checkbox"/>

CHILD #2

Full English Name	Full Hebrew Name ben/bat
Birthday email:	School Attending:
Previous Religious Training	Interests (check those applicable): Preschool <input type="checkbox"/> Religious School <input type="checkbox"/> BI High <input type="checkbox"/>

CHILD #3

Full English Name	Full Hebrew Name ben/bat
Birthday email:	School Attending:
Previous Religious Training	Interests (check those applicable): Preschool <input type="checkbox"/> Religious School <input type="checkbox"/> BI High <input type="checkbox"/>

CHILD #4

Full English Name	Full Hebrew Name ben/bat
Birthday email:	School Attending:
Previous Religious Training	Interests (check those applicable): Preschool <input type="checkbox"/> Religious School <input type="checkbox"/> BI High <input type="checkbox"/>

SIGNATURES

MEMBERSHIP AGREEMENT

Membership at Beth Israel Congregation of Chester County is based on a fiscal year of July 1 through June 30. High Holiday seats will only be assigned to members in good financial standing. All membership dues must be paid in full by April 30.

There is a Building Fund commitment for family and single new members. The minimum commitment is \$500.00 per year for five years for family membership; \$300 per year for five years for single membership. Payments begin the first year of membership.

Religious School fees are due and payable before the start of school. Fees for Bar/Bat Mitzvah training are due and payable during the fiscal year in which the training begins.

Your signature below indicates your acceptance of responsibility for making timely payments of all dues and fees as determined by the Board of Directors.

SIGNATURE: _____

DATE: _____

Twenty-five percent (25%) of the annual (or pro-rated) membership dues and 25% of the annual (or pro-rated) Minimum Mandatory Assessment is due with the membership application.