



# MEMBERSHIP APPLICATION

## 2011-2012/5772

**Check the appropriate category below**

**FULL MEMBERSHIP \***

\* Under 30 and Special Circumstance Memberships Available—Contact the synagogue office for details. All New Full Members are required to make a minimum commitment of \$1,800 to the Building Fund (payable over 3 years)

Friend of Beth Israel \$180

Associate Membership \$360 (Must be a full member at another synagogue)

*Full membership entitles person to burial rights, voting rights, and rights to serve as an officer or board member.*

Office Use Only:

Membership Level \_\_\_\_\_ Dues \_\_\_\_\_

Approved by \_\_\_\_\_ Date \_\_\_\_\_

**Mailing Address:**

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

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

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

Home Phone #: \_\_\_\_\_ Home Fax #: \_\_\_\_\_

**General Information:**

Full Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_

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

Your Bar/Bat Mitzvah Parsha: \_\_\_\_\_ Date of Birth M/D/Y: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

**Partner's Information (if applicable):**

Full Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_

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

Your Bar/Bat Mitzvah Parsha: \_\_\_\_\_ Date of Birth M/D/Y: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Wedding Anniversary (English Date) M/D/Y: \_\_\_\_\_

**Children Information (if applicable):**

English Name	Hebrew Name	Date of Birth M/D/Y	School/Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Office Use Only: Check #: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Account #: \_\_\_\_\_



Congregation

Beth Israel

A Community Synagogue in New Orleans

**Yartzheits Information:**

**Your Relatives:**

Full English Name: \_\_\_\_\_

Full Hebrew Name: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Hebrew Date of Passing: M/D/Y \_\_\_\_\_

English Date of Passing: M/D/Y \_\_\_\_\_

Before Sunset

After Sunset

Full English Name: \_\_\_\_\_

Full Hebrew Name: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Hebrew Date of Passing: M/D/Y \_\_\_\_\_

English Date of Passing: M/D/Y \_\_\_\_\_

Before Sunset

After Sunset

**Spouse's Relatives:**

Full English Name: \_\_\_\_\_

Full Hebrew Name: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Hebrew Date of Passing: M/D/Y \_\_\_\_\_

English Date of Passing: M/D/Y \_\_\_\_\_

Before Sunset

After Sunset

Full English Name: \_\_\_\_\_

Full Hebrew Name: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Hebrew Date of Passing: M/D/Y \_\_\_\_\_

English Date of Passing: M/D/Y \_\_\_\_\_

Before Sunset

After Sunset

Check the following that you would like to be involved in:

Youth Programming

Meals for New Mothers

Welcoming Committee

General Programming Committee

Chevra Kaddisha (Bereavement)

Hospitality Committee

Shabbat Meals Committee

Other (please list): \_\_\_\_\_

Please return this form with check to:

Congregation Beth Israel  
4000 West Esplanade Ave  
Metairie, LA 70002

Phone: 504 454 5080  
Fax: 504 883 8010