

MEMBERSHIP APPLICATION 2015-2016/5776

Check the appropriate category below

FULL MEMBERSHIP *

* 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 \$450

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):

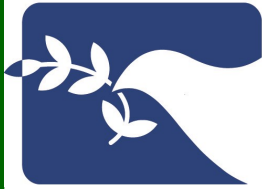
Full Name: _____ Hebrew Name: _____
 Father's Hebrew Name: _____ Mother's Hebrew Name: _____
 Your Bar/Bat Mitzvah Parsha: _____ Date of Birth M/D/Y: _____
 Occupation: _____ Work Phone #: _____
 E-mail: _____ Cell Phone #: _____

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 #: _____



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 _____
	<input type="checkbox"/> Before Sunset <input type="checkbox"/> 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 _____
	<input type="checkbox"/> Before Sunset <input type="checkbox"/> 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 _____
	<input type="checkbox"/> Before Sunset <input type="checkbox"/> 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 _____
	<input type="checkbox"/> Before Sunset <input type="checkbox"/> After Sunset

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

- | | |
|--|--|
| <input type="checkbox"/> Youth Programming | <input type="checkbox"/> Meals for New Mothers |
| <input type="checkbox"/> Welcoming Committee | <input type="checkbox"/> General Programming Committee |
| <input type="checkbox"/> Chevra Kaddisha (Bereavement) | <input type="checkbox"/> Hospitality Committee |
| <input type="checkbox"/> Shabbat Meals Committee | <input type="checkbox"/> Other (please list): _____ |

Please return this form for processing to:

Congregation Beth Israel
 4004 West Esplanade Avenue, South
 Metairie, LA 70002

Phone: 504 454 5080
 Fax: 504 883 8010