



CONGREGATION BETH ISRAEL JUDEA

625 Brotherhood Way
San Francisco, CA 94132
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office@bij.org
www.bij.org

MEMBERSHIP APPLICATION

Member 1

Mr. Ms. Mrs. Dr. Other _____

Last Name _____

First Name _____

Hebrew Name _____

Birth Date: Month ___ Day ___ Year _____

Residence Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____

Cell Phone (_____) _____

Email _____

Best mode to reach you (check one):

____ Home phone

____ Cell phone

____ Email

Member 2

Mr. Ms. Mrs. Dr. Other _____

Last Name _____

First Name _____

Hebrew Name _____

Birth Date: Month ___ Day ___ Year _____

City _____ State _____ Zip _____

Cell Phone (_____) _____

Email _____

____ Home phone

____ Cell phone

____ Email

Company _____

Company _____

Profession/Industry _____

Profession/Industry _____

Marital Status Single Engaged Married Life Partner Divorced Widowed

If married, date of marriage: Month _____ Day _____ Year _____

Member 1

Name_____

Growing up, my family was affiliated with:

Reform Conservative Orthodox Other
Unaffiliated Non-Jewish religion_____

My religious background as an adult

Reform Conservative Orthodox Other
Non-Jewish religion_____

Interests/Hobbies/Talents:

Skills/Ways You'd Like to Volunteer:

Please list any relatives or friends who are now members of Congregation Beth Israel Judea:

Name(s)

Relationship

Family Information

Children residing with you:

Last Name _____ First Name _____ Middle Name _____

Birth Date: Month _____ Day _____ Year _____ Sex: Female Male

Name of School _____ Grade _____

Hebrew Name _____

Last Name _____ First Name _____ Middle Name _____

Birth Date: Month _____ Day _____ Year _____ Sex: Female Male

Name of School _____ Grade _____

Hebrew Name _____

Last Name _____ First Name _____ Middle Name _____

Birth Date: Month _____ Day _____ Year _____ Sex: Female Male

Name of School _____ Grade _____

Hebrew Name _____

Children not residing with you

Name _____ Birth Date _____

Spouse Name _____ Birth Date _____

Congregational Affiliation: _____

Address _____ City _____ State _____ Zip _____

Name _____ Birth Date _____

Spouse Name _____ Birth Date _____

Congregational Affiliation: _____

Address _____ City _____ State _____ Zip _____

Name _____ Birth Date _____

Spouse Name _____ Birth Date _____

Congregational Affiliation: _____

Address _____ City _____ State _____ Zip _____

Yahrzeit (anniversary of death)

Please list names and dates of those for whom you wish Yahrzeit notices sent:

Name	Relationship	Month, Day and Year of Death	
		<input type="checkbox"/> Hebrew	<input type="checkbox"/> English
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

How did you hear about us?

- Referred by _____
- Website Jewish Publication Live in neighborhood Other _____

Reason for joining: please check all that apply

- Worship service Adult learning Religious School New to Area Community
- Other _____

Congregational Life: please check areas in which you might be interested in participating:

- Adult Education Sisterhood Social Action Bar/Bat Mitzvah Training Family Programs
- Chavurot Choir Religious School Adult B'nai Mitzvah Hebrew Classes
- Committees: Spiritual Practices Membership & Marketing Sisterhood
- Youth & Family Education Technology & Website Care & Concern
- Shabbat Morning Kiddush

For Office Use Only:

- Membership Type: 30 and Under Single Family Single Parent Senior
Married at BIJ BHDS Child JCC Child

Date of Input: _____ By: _____