



Congregation Berith Sholom

167 Third Street Troy, NY 12180

Application for Membership

Please fill out all pages and mail to the office at the address above.

Date Submitted: _____

Last Name (Adult 1) _____

First Name _____

Email _____

Mobile Phone _____

Birthday _____

Business Phone _____

Last Name (Adult 1) _____

First Name _____

Email _____

Mobile Phone _____

Birthday _____

Business Phone _____

Primary Address

Address Line 1 _____

City/State/ZIP _____

Address Line 2 _____

Home Phone _____

Secondary Address

Address Line 1 _____

City/State/ZIP _____

Address Line 2 _____

Home Phone _____

Marital Status

Single

Married/Civil Union/Partnered

Engaged

Separated

Divorced

Widowed

Other

(Please explain) _____

Anniversary _____

-or- Anticipated Wedding Date _____

Family Email *(for billing purposes)* _____



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Application for Membership - p. 2

Children

(1) English Name _____

Hebrew Name _____

Birth Date _____

Current Grade _____

Raised Jewish? **Yes / No**

Yrs Hebrew/Religious School _____

(2) English Name _____

Hebrew Name _____

Birth Date _____

Current Grade _____

Raised Jewish? **Yes / No**

Yrs Hebrew/Religious School _____

(3) English Name _____

Hebrew Name _____

Birth Date _____

Current Grade _____

Raised Jewish? **Yes / No**

Yrs Hebrew/Religious School _____

(4) English Name _____

Hebrew Name _____

Birth Date _____

Current Grade _____

Raised Jewish? **Yes / No**

Yrs Hebrew/Religious School _____

If parents are divorced or separated, it will help us to serve your children if we know what periods of time they are in residence with each parent, along with any other information you feel would be helpful. Please make sure that you have provided phone numbers for all homes where the children live. Use another sheet if necessary.



Congregation Berith Sholom

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Application for Membership - p. 3

Adult 1

Name _____

Nickname, if used _____

Occupation _____

Employer _____

Religious Upbringing

Reform

Conservative

Orthodox

Reconstructionist

Unaffiliated

Other

If Jewish, Hebrew Name _____

(your name / ben/bat Jewish Parent's names) (if Jew by choice, Avraham and Sarah)

If raised Jewish: Bar/Bat Mitzvah Date _____

Confirmation Date _____

If not born Jewish:

Current Religious Practice _____

Date of Conversion (if applicable) _____

Rabbi/Instructor _____

Affiliation _____

Birth Date _____

Current Grade _____

Other Jewish Community Involvement (organization, synagogue, agency and position held)

Do you have skills/talents that you could share for the synagogue or congregants in need?

We encourage you to participate in our synagogue activities. Please check all that interest you:

Adult Education

Social Action/Tikkun Olam

Youth Education

Publicity/Communications

Family Programs

Ritual

Social Programs

Building & Grounds

Technology

Service Reader or Leader

Finance

Organizational/Leadership Track



Congregation Berith Sholom

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Application for Membership - p. 4

Adult 2

Name _____

Nickname, if used _____

Occupation _____

Employer _____

Religious Upbringing

Reform

Conservative

Orthodox

Reconstructionist

Unaffiliated

Other

If Jewish, Hebrew Name _____

(your name / ben/bat Jewish Parent's names) (if Jew by choice, Avraham and Sarah)

If raised Jewish: Bar/Bat Mitzvah Date _____

Confirmation Date _____

If not born Jewish:

Current Religious Practice _____

Date of Conversion (if applicable) _____

Rabbi/Instructor _____

Affiliation _____

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