



Congregation Beth Shalom
 688 Clifton Park Center Rd., Clifton Park, NY 12065
 Phone: 518-371-0608
 Email: congregationbethshalomcp@gmail.com

APPLICATION FOR MEMBERSHIP

We are delighted you have decided to join Congregation Beth Shalom. We ask you to complete this application to allow us to know you and better serve your needs.

*Indicates required question

Demographic Information – Adult 1: Primary contact for Account Information:	
Full Name*	
Street Address*	
City/State/Zip*	
Best Contact Phone*: (identify cell, home)	
Email address*	
Occupation	
Birthday (mm/dd/yyyy)*	
Hebrew name, transliterated	
Are you a Kohen or Levi? (Please signify)	<input type="radio"/> Kohen <input type="radio"/> Levi <input type="radio"/> Neither/Not sure
Spiritual Journey	<input type="radio"/> Jewish by birth <input type="radio"/> Jewish by choice

Demographic Information – Adult 2 (if applicable)	
Full Name*	
Best Contact Phone*: (identify cell, home)	
Email address*	
Occupation	
Birthday (mm/dd/yyyy)*	
Hebrew Name, transliterated	
Are you a Kohen or Levi? (Please signify)	<input type="radio"/> Kohen <input type="radio"/> Levi <input type="radio"/> Neither/Not sure
Spiritual Journey (Mark only one)	<input type="radio"/> Jewish by birth <input type="radio"/> Jewish by choice <input type="radio"/> I do not practice any religion <input type="radio"/> Other:
Wedding anniversary*	
Names of Children at home:	Child's Birthday (mm/dd/yyyy):
Emergency Contact Information* Name, address, phone	
Emergency Contact Information* Name, address, phone	
Are each adult applicant and each child born of two Jewish parents:	<input type="radio"/> Yes <input type="radio"/> No

Have any members of this family converted to Judaism? If yes, who converted and when did the conversion(s) take place?	
Name(s) of officiating Rabbi(s) and synagogue address(es).	
Were you or are you now a member of another congregation?	<input type="radio"/> Yes <input type="radio"/> No
If Yes, name & address of congregation.	
Year joined:	
Year resigned:	
Still affiliated:	<input type="radio"/> Yes <input type="radio"/> No
Yahrzeit Information	
1. English Name	
Hebrew Name	
Relationship	
Date of Death (Note day or night)	Day Night
2. English Name	
Hebrew Name	
Relationship	
Date of Death (Note day or night)	Day Night
3. English Name	
Hebrew Name	

