



Application for Membership

Welcome to Congregation B'nai Israel. We are delighted that you have chosen to be part of our congregation. For more than 150 years our congregation has come together to worship, study, celebrate, and support one another. We hope you find membership an enriching experience and encourage you to explore the diverse opportunities for Jewish expression that Congregation B'nai Israel offers. Please call upon our clergy, staff and lay leaders whenever we can assist you in becoming part of the Congregation B'nai Israel community.

Please complete all sections of this form. Information about our members enables us to provide activities to meet the needs of our congregation and helps us identify opportunities to involve you. All information in this application will be treated confidentially.

Personal Information

	Adult Applicant 1	Adult Applicant 2
	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Full Name	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Other _____	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Other _____
Personal Status	<input type="checkbox"/> Single <input type="checkbox"/> Married (Date) _____ <input type="checkbox"/> Partnered <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed Interfaith? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Hebrew name (if known)		
Date of birth		
Birthplace		
Mothers full name		
Father's full name		
Years living in Sacramento		
Education – (Highest level completed)	<input type="checkbox"/> High School <input type="checkbox"/> Some College <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate <input type="checkbox"/> Other _____	<input type="checkbox"/> High School <input type="checkbox"/> Some College <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate <input type="checkbox"/> Other _____
Home phone		
Email		
Cell		
Date of application		

Contact Information

How would you like your name(s) to appear on Temple mailings?

Name(s): _____

Home Address: _____

City: _____ State: _____ Zip: _____



Religious Background

	Adult Applicant 1	Adult Applicant 2
Religious background in which you were raised	<input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Jewish unaffiliated <input type="checkbox"/> Other _____	<input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Jewish unaffiliated <input type="checkbox"/> Other _____
If you converted to Judaism, Date, Congregation, City		
Bar/Bat Mitzvah Date, Congregation, City		
Confirmation Date, Congregation, City		
Do you read Hebrew?		
Do you chant/read Torah in Hebrew?		
Have you been to Israel?		
Most recent or current congregational affiliation		
Please list relatives who are Congregation B'nai Israel members and their relationship to you (i.e., brother, aunt)		
Have you previously been a member of Congregation B'nai Israel? If so, when?		

Business Information

	Adult 1	Adult 2
Occupation/Title		
Area of Specialization		
Employer		
Address		
City, State, Zip Code		
Business phone		
Business fax		
Business email		



Children's Information (Please complete for children under 23 years old)

	Child 1		Child 2		Child 3	
	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Female
First and middle name						
Last name						
Hebrew name (if known)						
Date of birth						
Address (If not living with you)						
Is this child being raised in the Jewish faith?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this child attending Shalom School?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Will this child be attending Congregation B'nai Israel Religious School?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of secular school / college						
Current grade						
If child converted to Judaism Date, Congregation, City						
Bar/Bat Mitzvah Date, Congregation, City						
Confirmation Date, Congregation, City						
If previously attended religious school, list Congregation, City						

If you have more than three children, please copy this page and attach an additional sheet.

Emergency contact information

Name: _____ Phone: _____

Relationship: _____ Cell: _____

Address: _____

City: _____ State: _____ Zip: _____ Other

Persons Living in Household:

Name: _____ Relationship: _____

Name: _____ Relationship: _____



Yahrzeit Information

To receive reminders of Yahrzeit dates, please list information below.

Do you want to be reminded on the secular or Hebrew date?

Name	Family relationship	Date of death

Please attach a separate sheet for additional names

You will receive a reminder before the date of each Yahrzeit. Names of the departed are read during Friday evening and Saturday morning services following the anniversary of death.

Cemetery Information

Do you own a cemetery plot, mausoleum, crypt or niche? Yes No

If yes, location: _____

Would you like to receive information about Home of Peace, the Jewish cemetery in Sacramento? Yes No

Other Resources

Would you like information about joining a chavurah? Yes No

Would you like to be matched with a mentor family? Yes No

Would you like to receive The Chadashot (our weekly email newsletter)? Yes No

----- *For Office Use Only* -----

Date of Completion: ___/___/___
 Koleinu Posted on ___/___/___
 Database Posted on ___/___/___
 Packet Sent ___/___/___

VP Membership Notified: ___/___/___
 Board Reading: ___/___/___
 Welcome Letter: ___/___/___

If requested:
 Chavurah ___/___/___
 Mentor ___/___/___

Home of Peace info ___/___/___
 Chadashot ___/___/___



We Encourage Your Active Participation at B'nai Israel.

Please check areas of special interest and you will be contacted by a committee chairperson.

Name(s): _____

Phone: _____

Email: _____

Adult Applicant 1

Adult Applicant 2

Name: _____

Name: _____

	Adult Applicant 1 Name: _____	Adult Applicant 2 Name: _____
Administration	<input type="checkbox"/>	<input type="checkbox"/>
Adult Education	<input type="checkbox"/>	<input type="checkbox"/>
Archives	<input type="checkbox"/>	<input type="checkbox"/>
Art	<input type="checkbox"/>	<input type="checkbox"/>
ARZA (Israel Connections)	<input type="checkbox"/>	<input type="checkbox"/>
BISY (high school youth group)	<input type="checkbox"/>	<input type="checkbox"/>
Brotherhood	<input type="checkbox"/>	<input type="checkbox"/>
Budget and Finance	<input type="checkbox"/>	<input type="checkbox"/>
Buildings and Grounds	<input type="checkbox"/>	<input type="checkbox"/>
Camp Shelanu (day camp)	<input type="checkbox"/>	<input type="checkbox"/>
Chavurah	<input type="checkbox"/>	<input type="checkbox"/>
Choir	<input type="checkbox"/>	<input type="checkbox"/>
Communications and Publicity	<input type="checkbox"/>	<input type="checkbox"/>
Early Childhood Education	<input type="checkbox"/>	<input type="checkbox"/>
Ensemble Katan (youth choir)	<input type="checkbox"/>	<input type="checkbox"/>
Gay Rights	<input type="checkbox"/>	<input type="checkbox"/>
Grant Writing	<input type="checkbox"/>	<input type="checkbox"/>
Hineini/Caring Community (visiting the ill, helping families in times of need)	<input type="checkbox"/>	<input type="checkbox"/>
Interfaith	<input type="checkbox"/>	<input type="checkbox"/>
Jedediah Smith Elementary School volunteer	<input type="checkbox"/>	<input type="checkbox"/>
Koleinu (monthly newsletter)	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Development	<input type="checkbox"/>	<input type="checkbox"/>
Leisure League (programming for seniors)	<input type="checkbox"/>	<input type="checkbox"/>
Library	<input type="checkbox"/>	<input type="checkbox"/>
Membership	<input type="checkbox"/>	<input type="checkbox"/>
Music	<input type="checkbox"/>	<input type="checkbox"/>
Office Volunteers	<input type="checkbox"/>	<input type="checkbox"/>
Oneg Bakers Club	<input type="checkbox"/>	<input type="checkbox"/>
Purimspiel	<input type="checkbox"/>	<input type="checkbox"/>
Religious School	<input type="checkbox"/>	<input type="checkbox"/>
Religious School Parent Volunteer	<input type="checkbox"/>	<input type="checkbox"/>
Sababah (Young Adults - 20's and 30's)	<input type="checkbox"/>	<input type="checkbox"/>
Shamasim (greeters at services)	<input type="checkbox"/>	<input type="checkbox"/>
Social Action	<input type="checkbox"/>	<input type="checkbox"/>
Security	<input type="checkbox"/>	<input type="checkbox"/>
Sustainable Living	<input type="checkbox"/>	<input type="checkbox"/>
Website	<input type="checkbox"/>	<input type="checkbox"/>
Wine and Food Festival	<input type="checkbox"/>	<input type="checkbox"/>
Women of B'nai Israel (formerly Sisterhood)	<input type="checkbox"/>	<input type="checkbox"/>
Youth Committee	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>