

MEMBERSHIP INFORMATION

Beth Israel Congregation • 2000 Washtenaw • Ann Arbor, MI 48104

We would appreciate the following information so that we may both keep you informed and assist you in every way possible.

Date Completed _____

Names(s) _____

(Please print name(s) exactly as you wish to be listed in the annual membership directory)

Home Address _____ Email _____

City _____ State _____ Zip: _____ Phone _____

Please check this box if you would like us to share your name and contact information with the Jewish Community of Ann Arbor (Jewish Federation, Washtenaw Jewish News, and Jewish Community Center).

PLEASE FILL OUT FOR EACH ADULT MEMBER OF HOUSEHOLD

Full Name: _____

Hebrew Name (in English) _____

Father's Hebrew Name _____

Mother's Hebrew Name _____

Kohen/Levi/Yisrael _____

Date of Birth _____

Occupation _____

Specialization _____

Business Name _____

Address _____

City, State, Zip _____

Daytime Telephone/Fax _____

Jewish Background: Conservative
 Reform
 Orthodox
 Reconstructionist
 Other _____
 Jew by Choice
 Conversion Date _____

Conservative
 Reform
 Orthodox
 Reconstructionist
 Other _____
 Jew by Choice
 Conversion Date _____

Name/Community of previous Congregation _____

Are you related to other Beth Israel Members? Who? _____

As a participatory congregation we encourage members to lead or chant various parts of the service.

Are there any synagogue skills you wish to share, or learn?

- | | | | |
|--|--------------------------|--|--------------------------|
| I know how to: | I want to learn to: | I know how to: | I want to learn to: |
| <input type="checkbox"/> Read from the Torah | <input type="checkbox"/> | <input type="checkbox"/> Read from the Torah | <input type="checkbox"/> |
| <input type="checkbox"/> Chant a Haftorah | <input type="checkbox"/> | <input type="checkbox"/> Chant a Haftorah | <input type="checkbox"/> |
| <input type="checkbox"/> Lead a Service | <input type="checkbox"/> | <input type="checkbox"/> Lead a Service | <input type="checkbox"/> |
| <input type="checkbox"/> Blow a Shofar | <input type="checkbox"/> | <input type="checkbox"/> Blow a Shofar | <input type="checkbox"/> |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> | <input type="checkbox"/> Other _____ | <input type="checkbox"/> |

CHILDREN

Name _____ Hebrew Name _____ Date of Birth _____ Grade in Sept _____

Name _____ Hebrew Name _____ Date of Birth _____ Grade in Sept. _____

Name _____ Hebrew Name _____ Date of Birth _____ Grade in Sept. _____

OTHER PERSON(S) IN HOUSEHOLD

Name _____ Relationship _____

Name _____ Relationship _____

Yahrzeit Record:

Name: _____ Relationship: _____ English Date (including year) _____ Hebrew Date _____
If Hebrew Date is not Known please indicate if before or after sunset on English date.

Name	Relationship	English Date (including year)	Hebrew Date

Does your family have a cemetery plot? Yes Location _____ No

REMARKS

Do you have any special needs that you feel the Rabbi or congregation should be aware of?

Are there any aspects of synagogue or Jewish life which you would like more information on?

Please indicate any other special talents, skills, or interests, you are willing to share with the congregation.