

274 Garfield Place Brooklyn, NY 11215 • Tel: (718) 768-3814 • Fax: (718) 768-7414 • www.congregationbethelohim.org

We are delighted you are choosing to become part of our community! We know that you will find membership at CBE an enriching experience. All information in this application will kept confidential.

Contact Information

How would you like your name(s) to appear on CBE mailings and in the directory? We will do our best to accommodate your request within our system's capabilities.

Name(s): _____

Home address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

First Adult Member

Second Adult Member

Preferred Phone #: _____

Preferred Phone #: _____

Preferred Email: _____

Preferred Email: _____

I would like to receive CBE communications via email.

I would like to receive CBE communications via email.

First Adult Member

Second Adult Member

Male Female
 Mr. Mrs. Ms. Other _____

Male Female
 Mr. Mrs. Ms. Other _____

Full Name

Full Name

Date of Birth

Date of Birth

Personal Status

Single Partnered Married _____(date)
 Divorced Widowed Other _____

Personal Status

Single Partnered Married _____(date)
 Divorced Widowed Other _____

Occupation/Title

Occupation/Title

Area of Specialization

Area of Specialization

Employer

Employer

Address

Address

City, State, Zip

City, State, Zip

Business Phone

Business Phone

Business Email

Business Email

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First Adult Member	Second Adult Member
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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 _____	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 _____
How do you identify now?	How do you identify now?
If you became Jewish as an adult, please list date, congregation, and city	If you became Jewish as an adult, please list date, congregation, and city
Bar/Bat Mitzvah (if applicable) date, congregation, and city	Bar/Bat Mitzvah (if applicable) date, congregation, and city
Hebrew name (if known)	Hebrew name (if known)
Confirmation (if applicable) date, congregation, and city	Confirmation (if applicable) date, congregation, and city
Have you ever been a member of another synagogue? If so, when?	Have you ever been a member of another synagogue? If so, when?
Please list any relatives who are CBE members	Please list any relatives who are CBE members
Please list any friends who are CBE members	Please list any friends who are CBE members

Yahrzeit Observance

If you'd like to observe the Hebrew calendar date (e.g., 17 Cheshvan 5748) and do not recall it, list the Gregorian calendar date (e.g., November 9, 1987) and we will determine the Hebrew date for you. Please include the complete date: month, day, year. Please also check whether you'd prefer your loved one honored on the Gregorian date, the Hebrew date, or both.

Deceased's name	Relative of	Relationship	Gregorian date of death		Hebrew date of death	
				<input type="checkbox"/>		<input type="checkbox"/>
				<input type="checkbox"/>		<input type="checkbox"/>
				<input type="checkbox"/>		<input type="checkbox"/>
				<input type="checkbox"/>		<input type="checkbox"/>
				<input type="checkbox"/>		<input type="checkbox"/>
				<input type="checkbox"/>		<input type="checkbox"/>

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Children's Background

	First Child <input type="checkbox"/> Male <input type="checkbox"/> Female	Second Child <input type="checkbox"/> Male <input type="checkbox"/> Female	Third Child <input type="checkbox"/> Male <input type="checkbox"/> Female	Fourth Child <input type="checkbox"/> Male <input type="checkbox"/> Female
First and middle name				
Last name (if different)				
Hebrew name (if known)				
Birth date (and grade if applicable)				
Address (if not living with you)				
Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partnered	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partnered	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partnered	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partnered
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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will this child be attending Religious School/Yachad?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bar/Bat Mitzvah: date, congregation, and city				
Confirmation: date, congregation, and city				
If previously attended Religious School, list congregation and city				
What school does your child attend?				

Membership Category

CBE welcomes all who wish to join our community. It is our policy that the cost of membership should never prevent anyone from joining our congregational family or continuing their membership at CBE. If you wish to have a confidential discussion regarding dues, please contact Executive Director Monika Hamburger at (718) 768-3814, ext. 204 or email her at mhamburger@cbebk.org.

I/we would like to apply for the following category of membership:

Membership	Contribution	Benefits include:
<input type="checkbox"/> Amit, Individual	\$185	<ul style="list-style-type: none"> • Membership in a dynamic, thriving Jewish community • CBE clergy consultation • Priority consideration for Early Childhood Center and After School • Reduced member rates for: <ul style="list-style-type: none"> • Adult education classes, support groups, cultural events, and other fee programs • Facilities usage and rentals • Gym and pool membership • Subscription to the Advisory weekly electronic newsletter and temple <i>Bulletin</i> • High Holy Days guest tickets may be purchased
<input type="checkbox"/> Amit, Family	\$400	

How did you hear about Amit? Brooklyn Jews Altshul Israelis in Brooklyn Other: _____

I/We hereby apply for membership in Congregation Beth Elohim. If I/we become a member, I/we agree to abide by the By-Laws, rules, and regulations of the temple.

Signed: _____ Date: _____ Signed: _____ Date: _____