

Beth Samuel Jewish Center

810 Kennedy Drive ☆ P.O. Box 219 ☆ Ambridge, PA 15003
(724) 266-5238 ☆ office@bethsamuel.org ☆ www.bethsamuel.org
Rabbi Anna Rosenfield ☆ President, Dr. Paul Palevsky

Application for Membership

This application will help us get to know you better and understand how we can better meet your needs. Your information will be kept confidential within the synagogue administration. Please send your completed application to the above listed address. If you have any questions, please don't hesitate to give us a call.

Once you submit this application, the rabbi will contact you to arrange a time to meet with you in person. Memberships are approved by the board on a monthly basis. Thank you for your interest in joining our congregation!

Family Status: Married Single Divorced Widowed Separated Other _____

Home address: _____
street address (including apt # if applicable)

_____ city _____ state _____ zip code _____ home phone number

1st Adult:

Name: _____ **Birthday:** _____
first name last name

Jewish Name: _____
(if known/applicable) child of

Occupation: _____ **Office phone #:** _____

Email Address: _____

Describe your skills and hobbies (music, sports, crafts, computers, etc.): _____

Describe your religious background, education, and observance: _____

Conservative Reconstructionist Reform Orthodox Not Jewish/Other (please specify) _____

Are there groups and/or committees you would be interested in joining? (check all that apply)

Religious School Adult Education Ritual Women's Group Men's Club Kitchen
 Building & Grounds Social Action Membership Other (specify) _____

2nd Adult:

Name: _____ **Birthday:** _____
first name last name

Jewish Name: _____ **Wedding Date:** _____
(if known/applicable) child of

Occupation: _____ **Office phone #:** _____

Email Address: _____

Describe your skills and hobbies (music, sports, crafts, computers, etc.): _____

Describe your religious background, education, and observance: _____

Conservative Reconstructionist Reform Orthodox Not Jewish/Other (please specify) _____

Are there groups and/or committees you would be interested in joining? (check all that apply)

Religious School Adult Education Ritual Women's Group Men's Club Kitchen

Building & Grounds Social Action Membership Other (specify) _____

Children:

Name (First, last)	Hebrew name	Birthday (month, day, year)	School Grade	Enroll in Hebrew School?

Have any of your children attended religious school in the past? Who, where, and for how long?

Yahrzeits: Please list all family yahrzeits.

Name	Relationship	Date of death

Membership Orientation:

In the event of an urgent circumstance (death in the congregation, important meeting) how would you like to be notified? phone / email _____

Why did you choose to join Beth Samuel? _____

How did you hear about our synagogue? _____

What activities and services are particularly important to you in a synagogue? _____

How can we help you feel more comfortable here? _____
