



305 Sugar Camp Circle * Dayton, OH 45409 * 937-293-9520 * www.bethabrahamdayton.org

Membership Application

Welcome! We are very pleased that you have chosen to become a member of Beth Abraham Synagogue – a synagogue committed to the principles and values of Conservative Judaism. Completing this application will help us get to know you and your family, so we can welcome you into our *kehilat kodesh*, a “holy congregation.”

CONTACT INFORMATION

Adult #1

☐Dr. ☐Mr. ☐Mrs. ☐Ms. ☐Other

First Name _____ Middle/Maiden Name _____ Last Name _____

Nickname? _____

Home Street Address _____

City _____ State _____ Zip Code _____

Seasonal Address _____

From when to when? _____

Home Phone _____ Home Fax _____

Cell phone number _____ Email Address _____

Birthdate _____

☐Married: Anniversary _____ ☐Single ☐Widowed ☐Divorced ☐Separated ☐Partnered

Full Hebrew Name (including parents) _____

Adult #2

☐Dr. ☐Mr. ☐Mrs. ☐Ms. ☐Other _____

First Name _____ Middle/Maiden Name _____ Last Name _____

Nickname? _____

Cell phone number _____ Email Address _____

Birthdate _____

Full Hebrew Name (including parents) _____

YOUR CHILDREN

	Child 1	Child 2	Child 3	Child 4
First Name				
Nickname				
Middle Name				
Last Name				
Hebrew Name				
Gender				
Date of Birth				
Lives at Home?	<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
Married?	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No Date:
Email				

BUSINESS**Adult #1**

Position/Title _____
 Employer _____
 Address _____
 City/State/Zip _____
 Phone _____

Adult #2

Position/Title _____
 Employer _____
 Address _____
 City/State/Zip _____
 Phone _____

PRIOR AFFILIATION

Present synagogue affiliation _____ City/State _____
 Former synagogue affiliation _____ City/State _____

OTHER FAMILY MEMBERS**Adult #1 - Parents**

Father's Name _____
☐ Living ☐ Deceased – Date of Death _____
 Before sundown? ☐ Yes ☐ No
 His Hebrew Name _____
 ☐ Kohen ☐ Levi
 Mother's Name _____
☐ Living ☐ Deceased – Date of Death _____
 Before sundown? ☐ Yes ☐ No
 Her Hebrew Name _____

Adult #2 - Parents

Father's Name _____
☐ Living ☐ Deceased – Date of Death _____
 Before sundown? ☐ Yes ☐ No
 His Hebrew Name _____
 ☐ Kohen ☐ Levi
 Mother's Name _____
☐ Living ☐ Deceased – Date of Death _____
 Before sundown? ☐ Yes ☐ No
 Her Hebrew Name _____

YAHRTZEIT OBSERVANCE

Please list the names and other pertinent information for those you wish remembered.

	Adult #1		Adult #2	
First Name of Departed	1.	2.	1.	2.
Last Name of Departed				
Hebrew Name				
Relationship				
Date of Death				
Before Sundown?	<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

For additional family members, please attach a separate sheet.

Do you own a cemetery Plot? ☐ No ☐ Yes – Where? _____

MAKING A CONNECTION – BECOME PART OF OUR BETH ABRAHAM FAMILY

We value and welcome our members' participation in all aspects of synagogue life. Which congregational activities or volunteer opportunities might interest you or other members of your family?

Adult 1 2	Adult 1 2	Adult 1 2
<input type="checkbox"/> <input type="checkbox"/> Adult Education	<input type="checkbox"/> <input type="checkbox"/> Keruv (Interfaith families)	<input type="checkbox"/> <input type="checkbox"/> Office Volunteer
<input type="checkbox"/> <input type="checkbox"/> Building & Grounds	<input type="checkbox"/> <input type="checkbox"/> Kiddush Lunch Preparation	<input type="checkbox"/> <input type="checkbox"/> Serah bat Asher (shiva assistance)
<input type="checkbox"/> <input type="checkbox"/> Cemetery Committee	<input type="checkbox"/> <input type="checkbox"/> Learning Hebrew	<input type="checkbox"/> <input type="checkbox"/> Sisterhood
<input type="checkbox"/> <input type="checkbox"/> Chevra Kadisha	<input type="checkbox"/> <input type="checkbox"/> Library	<input type="checkbox"/> <input type="checkbox"/> Social Action
<input type="checkbox"/> <input type="checkbox"/> Education (Religious School)	<input type="checkbox"/> <input type="checkbox"/> Marketing/PR	<input type="checkbox"/> <input type="checkbox"/> Social Programming
<input type="checkbox"/> <input type="checkbox"/> Fundraising	<input type="checkbox"/> <input type="checkbox"/> Membership	<input type="checkbox"/> <input type="checkbox"/> Torah/Haftarah Reader
<input type="checkbox"/> <input type="checkbox"/> Gift Shop	<input type="checkbox"/> <input type="checkbox"/> Men's Club	<input type="checkbox"/> <input type="checkbox"/> Transportation
<input type="checkbox"/> <input type="checkbox"/> Hesed (caring) Committee	<input type="checkbox"/> <input type="checkbox"/> Monthly Bulletin	<input type="checkbox"/> <input type="checkbox"/> Youth Group Volunteer

Please list special skills or talents you would like to share with us: _____

PLEASE SHARE YOUR RELIGIOUS BACKGROUND

Adult #1:

In what religious tradition were you raised?

☐Conservative ☐Reform ☐Orthodox ☐Secular ☐Non-Jewish ☐None

Are you a: ☐Kohen ☐Levi ☐Yisrael ☐Jew by choice – Converting Rabbi's name (or please attach a copy of the Conversion Certificate) _____

Can you read Hebrew? ☐Yes ☐No

Can you read Torah? ☐Yes ☐No

Can you chant Haftarah? ☐Yes ☐No

Do you keep a Kosher home? ☐Yes ☐No (we are always looking for mashgichim – kashrut supervisors - for our kitchen)

Adult #2:

In what religious tradition were you raised?

☐Conservative ☐Reform ☐Orthodox ☐Secular ☐Non-Jewish ☐None

Are you a: ☐Kohen ☐Levi ☐Yisrael ☐Jew by choice – Converting Rabbi's name (or please attach a copy of the Conversion Certificate) _____

Can you read Hebrew? ☐Yes ☐No

Can you read Torah? ☐Yes ☐No

Can you chant Haftarah? ☐Yes ☐No

Do you keep a Kosher home? ☐Yes ☐No (we are always looking for mashgichim – kashrut supervisors - for our kitchen)

MEMBERSHIP CATEGORIES

Household	\$1750
Individual	\$1465
Secondary	\$745 – Primary Membership at what Synagogue _____
Out of Town	\$390

I/We hereby make application for membership in Beth Abraham Synagogue and agree to abide by its Constitution and By-Laws, and such regulations as authorized by the Board of Directors now in effect and those hereafter adopted for the conduct and support of the Congregation. I/We agree to contribute the annual membership dues and other fees as approved by the Congregation. Enclosed is a check for \$_____
for our first year's dues. Our membership category is _____.

Signature Adult #1

Date

Signature Adult #2

Date