

# *B'nai Sholom Reform Congregation*

MEMBERSHIP APPLICATION  
 420 WHITEHALL RD., ALBANY, NY, 12208 (518) 482-5283  
 office@bnaisholom.albany.ny.us  
 www.bnaisholomalbany.org

I/We hereby apply for (check one) \_\_\_ individual \_\_\_ family membership in B'nai Sholom:

**NAME(S)** \_\_\_\_\_

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**HOME ADDRESS** \_\_\_\_\_

**CITY/STATE/ZIP** \_\_\_\_\_

**HOME PHONE** \_\_\_\_\_

	ADULT 1	ADULT 2
Full name (& any nickname)		
Email		
Cell phone		
Marital status		
Date of birth (M/D/YR)		
Religious tradition in which you were raised (if Jewish by choice, give conversion date, place, rabbi)		
If not Jewish, current religious practice or identification		
Previous synagogue affiliation: Name and city of synagogue		
Hebrew name		

If there are additional adult members of your household, please attach additional sheets.

Please fill in the following information as it applies to your dependent children

NAME			
Hebrew name			
Birthdate			
Lives with you?			
Raised Jewish?			
Plans to attend B'nai Sholom's			

B'Yachad religious school?			
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**TELL US ABOUT YOURSELF.** The following information, while optional, can help us serve you better and help you better connect with other congregants and our community.

	ADULT 1	ADULT 2
Name		
Occupation/position		
Name of workplace		
Workplace address		
Workplace phone		
Workplace e-mail		
Education highest degree		
Fields of study & college(s) attended		
Bar/Bat Mitzvah date & location		
Confirmed (Y/N)		
Did you attend Hebrew day school?		
Did you participate in a Hebrew high school?		
Jewish youth group and/or camp		
Jewish organization Involvement, past or current		
Other community activities, board affiliations, volunteer work or related experiences you have had or in which you are currently involved		
Special skills & interests, such as music, working with children or the elderly, computer skills, visual arts or crafts, carpentry and other building trade skills, etc.		

**OPPORTUNITIES TO PARTICIPATE AND GET INVOLVED: PLEASE CHECK THOSE AREAS IN WHICH YOU MAY BE INTERESTED.**

	ADULT #1	ADULT #2
<b>PROGRAMS &amp; ACTIVITIES</b>		
Social Justice advocacy		
Soup Kitchen		
Family Promise homeless shelter program		
Office manager assistance – working with a team to mail out the bulletin; other office assistance		
Adult Education classes		
Jewish-theme movies at BSRC		
Weekly Torah study		
Pot luck dinners before or after services		
Outdoor work days		
Sukkah building or decorating		
Indoor work days		
Oneg Shabbat reception preparation		
Assisting with kids or teens		
Caring community – helping other congregants in need with meals, rides, visits, etc.		
Flyer and Poster design and preparation		
Purim Shpiel		
Leading services, Delivering a d'var Torah		
Leading singing; being part of a choir		
Other – please specify		
<b>COMMITTEES</b>		
Adult Education		
Caring Community		
Cemetery		
Communications		
Disabilities		
Finance		
Fundraising		
Hospitality		
House		
Legacy		
Library		
Member Events		
Membership		
Religious School (B'yachad)		
Ritual		
Scholarship		
Social Action		
Technology		
Youth		



How did you learn about B'nai Sholom? \_\_\_\_\_

**Emergency contact:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Name(s) and contact information of your grown children, if applicable & not included above:

**Yahrzeit Information**

Please list those whose names you wish announced in the Bulletin and from the pulpit at Shabbat service prior to the anniversary according to the secular or Hebrew calendar (indicate preference below). Immediate family only please (parents, grandparents, children, siblings).

NAME	RELATIONSHIP & TO WHOM	MO/DAY/YR Hebrew or Secular

We (I) hereby make application for membership in **B'nai Sholom Reform Congregation** and agree to abide by its By-Laws and regulations and to pay periodic dues as established by the Board of Trustees. **We are/I am not indebted to any former synagogue.** We/I understand that membership is continuing and ongoing. Resignation in good standing is granted when all financial commitments are met.

\_\_\_\_\_  
*applicant's signature*

\_\_\_\_\_  
*applicant's signature*

Approved by Board of Trustees (date) \_\_\_\_\_

\_\_\_\_\_  
*President and/or Treasurer*