



## NEW MEMBER INFORMATION 2016-2017

Be-ru-chim Ha-ba-im / Welcome!

We are so pleased that you will be joining Congregation B'nai Tikvah Beth Israel.

We look forward to getting to know you.

Members' Names		
Full Hebrew Names Please provide English names if Hebrew names are not known.	_____ ben/bat _____ v' _____ yours father's mother's	_____ ben/bat _____ v' _____ yours father's mother's
When calling me to the Torah (Check one)	<input type="checkbox"/> Use only my father's Hebrew name <input type="checkbox"/> Use both parents' Hebrew names	<input type="checkbox"/> Use only my father's Hebrew name <input type="checkbox"/> Use both parents' Hebrew names
Birth Date		
Wedding Anniversary		
Mailing Address		
Home Phone Number		
Cell Phone Number		
Please note which is your primary contact number	<input type="radio"/> Home <input type="radio"/> Cell	<input type="radio"/> Home <input type="radio"/> Cell
Email Address		
Contact Preferences	<input type="checkbox"/> Include email address in membership list	<input type="checkbox"/> Include email address in membership list
	<input type="checkbox"/> Include address, home and cell phone numbers in membership lists Family contact preference <input type="checkbox"/> Email <input type="checkbox"/> Postal <input type="checkbox"/> Phone <input type="checkbox"/> Text	
Occupation		
Employer		
Men's Club	<input type="checkbox"/> I want to join Men's Club. (Please enclose a separate check for \$50.00 payable to CBTBI Men's Club)	
Sisterhood	<input type="checkbox"/> I want to join Sisterhood. (Please enclose a separate check payable to CBTBI Sisterhood: \$15 for 1 <sup>st</sup> year CBTBI members, \$45 for CBTBI Members \$50 for Non-CBTBI members.)	
PTO	<input type="checkbox"/> I want to join PTO. (Please enclose a separate check for \$15/family payable to CBTBI PTO)	
Please sign here if we may <b>NOT</b> use pictures of your family at CBTBI events for our publicity materials. _____		

<b>Religious Background</b>	<b>Adult 1</b>	<b>Adult 2</b>
Religious background in which you were raised	Reform____ Orthodox____ Conservative____ Jewish unaffiliated____ Other (please specify)_____	Reform____ Orthodox____ Conservative____ Jewish unaffiliated____ Other (please specify)_____
If you became Jewish as an adult:	Date_____ Congregation:_____ City_____	Date_____ Congregation_____ City_____
Bar/Bat Mitzvah (if applicable)	Date_____ Congregation:_____ City_____	Date_____ Congregation:_____ City_____
Have you ever been a member of another synagogue?		
Congregation most recently affiliated with (if applicable)		
Please list any relatives who are current members		

**Yahrzeit Information** (anniversary of the death of a loved one):

Name (English)	Relationship (eg., father) to Which Member	Date of Death
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Please list information for children living with you, up to age 25:**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

**In addition to this form, please also fill out the following forms:**

**Financial Form**

**Community Participation Form (Located on the CBTBI Website, under Membership)**

**Hebrew School Data Form, if you have children attending Hebrew school this coming year.**

We hereby apply for membership in Congregation B'nai Tikvah Beth Israel and agree to abide by all the rules and requirements of the Congregation.

Member's Signature \_\_\_\_\_ Member's Signature \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

**Please return completed forms to:**  
**Steven Blocher c/o CBTBI**  
**PO Box 1013**  
**Turnersville, NJ 08012**

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856-589-6550 - cbtbi.org  
Rabbi Jordan Gendra