



Congregation Brith Sholem Membership Application

We (I) hereby apply for membership in Congregation Brith Sholem, a small yet diverse congregation, relaxed in its atmosphere yet committed to a rich and fulfilling Jewish life.

MAILING NAME AND ADDRESS

Name(s) _____

Address _____

City, State _____ Zip Code _____ Home phone _____

Cell phone _____ E-Mail _____

FAMILY RECORD

Marital Status: () Married () Single () Divorced () Widowed Date of Marriage ___/___/___

1st ADULT

Name _____

Hebrew name (if applicable) _____ Date of Birth ___/___/___

Occupation _____

Religious background () Reform () Conservative () Orthodox () None

() Bar/Bat Mitzvah Date _____ Torah Portion _____

() Non-Jewish? Religion Practiced: _____

() Convert to Judaism? Year _____

Previous Community / Congregation Affiliation _____

Special Skills, Talents, and Hobbies (e.g., photography, baking, sports, crafts) you would be willing to share:

What motivates you to become a member of our congregation? What do you hope to find here?

2nd ADULT

Name _____

Hebrew name (if applicable) _____ Date of Birth ___ / ___ / _____

Occupation _____

Religious background () Reform () Conservative () Orthodox () None

() Bar/Bat Mitzvah Date _____ Torah Portion _____

() Non-Jewish? Religion Practiced: _____

() Convert to Judaism? Year _____

Previous Community / Congregation Affiliation _____

Special Skills, Talents, and Hobbies (e.g., photography, baking, sports, crafts) you would be willing to share:

What motivates you to become a member of our congregation? What do you hope to find here?

DEPENDENT CHILDREN

(Household Membership shall also include all unmarried children who live at home, or who are attending school away from home, or who are in the military, up to and including twenty-six (26) years of age.)

Name _____ Hebrew Name _____

Birth date ___ / ___ / _____ School and Grade _____

Bar/Bat Mitzvah Date _____ Torah Portion _____

Name _____ Hebrew Name _____

Birth date ___ / ___ / _____ School and Grade _____

Bar/Bat Mitzvah Date _____ Torah Portion _____

Name _____ Hebrew Name _____

Birth date ___ / ___ / _____ School and Grade _____

Bar/Bat Mitzvah Date _____ Torah Portion _____

Name _____ Hebrew Name _____

Birth date ___/___/___ School and Grade _____

Bar/Bat Mitzvah Date _____ Torah Portion _____

MEMORIALS

Yahrzeits are observed and announced at the religious service prior to the Hebrew date of death. Please list names of those you wish to have remembered, their relationship to a specific family member, and the Hebrew month and day of death. (If you do not know the Hebrew month and day of death, please provide the secular date, including the year, so we can calculate the corresponding Hebrew date.)

TYPE OF MEMBERSHIP

Individual Household Student

FINANCIAL COMMITMENT

The fiscal year for Congregation Brith Sholem is September 1-August 31.

	Membership Dues (5780)	Building Fund		Total
Individual	\$420	\$50	=	\$470
Household	\$700	\$100	=	\$800

The building fund commitment is applied during the first five years of membership only. **Membership, and the associated financial commitment, is for the full year and is automatically extended from year to year unless the member notifies the Treasurer of intent to resign prior to the beginning of the next fiscal year.**

SIGNATURE(S) OF APPLICANT(S) AND DATE

Please return application to:

Congregation Brith Sholem, P.O. Box 9741, Ogden, UT 84409

or by email to congregationbrithsholem@gmail.com

Date Approved for Membership _____