

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)		
City, State	Zip Code	_Home phone
Cell phone	E-Mail	
FAMILY RECORD		
Marital Status: () Married (() Single () Divorced () Wid	owed Date of Marriage//
1st ADULT		
Name		
Hebrew name (if applicable	e)	Date of Birth//
Occupation		
Religious background()R	eform () Conservative () O	thodox () None
() Bar/Bat Mitzvah Date	Torah Portion	
() Non-Jewish? Religion P	Practiced:	
() Convert to Judaism? Ye	ear	
Previous Community / Cor	ngregation Affiliation	
Special Skills, Talents, and share:	ł Hobbies (e.g., photography	r, baking, sports, crafts) you would be willin
What motivates you to bec	ome a member of our congr	egation? 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, s share:	ports, crafts) you would be willing to

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

DEPENDENT CHILDREN

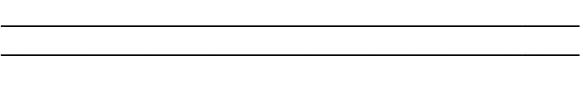
(Household Membership shall also include all unmarried children who live at home, or who are attending school away from home, or who are in the military, up to and including twenty-six (26) years of age.)

Name	Hebrew Name	
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.)



<u>TYPE OF MEMBERSHIP</u>

() 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. First-year dues are prorated for those who become members in the course of the 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 <u>congregationbrithsholem@gmail.com</u>

Date Approved for Membership