



CONGREGATION BETH SHALOM

5915 Beacon Street, Pittsburgh, PA 15217 • Phone: 412-421-2288 Fax: 412-421-5923
www.bethshalompgh.org

Shalom and welcome to our synagogue! Please take a few minutes to fill out this form both for our records and so that someone from our New Members Committee can contact you.

Adult's Name: Mr. or Dr. _____
Ms., Mrs. or Dr. _____

Residence Address: _____

City, State, Zip Code: _____ Home Phone Number: _____

Date Joining Synagogue: _____ First Time Member Here: Yes No

1. FAMILY RECORD

	Name:	Name:
Hebrew Name (if known)		
Preferred Name or Nickname		
Kohane, Levi or Yisrael?		
Date of Birth		
Marital Status		
Date of Marriage		
Occupation		
Company / Employer Name		
Business Address		
Business Phone		
E-mail Address		
Fax Number		
Cell Phone Number		
Emergency Number		
New to Pittsburgh? If so, from where and when?		

2. Please list children of all ages in your household.

<u>Name</u>	<u>Date of Birth</u>	<u>School (or college) Attending</u>	<u>High School Graduation Year</u>

3. Please list adult children.

<u>Name</u>	<u>Address</u>	<u>Date of Marriage (if applicable)</u>

4. INTERESTS SECTION - P = Would like to participate C = Would serve on a committee E = Experienced in this area

- | | |
|--|---|
| <input type="checkbox"/> Adult Education Opportunities | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Catering | <input type="checkbox"/> Men's Club |
| <input type="checkbox"/> Cemetery | <input type="checkbox"/> Preschool |
| <input type="checkbox"/> Constitution and Bylaws | <input type="checkbox"/> Religious School |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Religious Services |
| <input type="checkbox"/> Fundraising / Development | <input type="checkbox"/> Singles |
| <input type="checkbox"/> House | <input type="checkbox"/> Sisterhood |
| <input type="checkbox"/> Keruv (outreach to interfaith families) | <input type="checkbox"/> Youth Groups /Activities |
| <input type="checkbox"/> Learners Minyan | <input type="checkbox"/> Other _____ |

5. Are all family members Jewish, either by birth or conversion? _____ If not, please explain. _____

6. Who recommended Beth Shalom? _____

7. Have you ever been, or are you currently a member of any other congregation? (yrs.) _____
If so, where? _____

8. Deceased loved ones (for Yahrzeit Memorial list)

<u>Name</u>	<u>Relationship</u>	<u>Date of Death</u>	<u>Before or After Sundown</u>

(FOR OFFICE USE ONLY)

Charges for _____ to December 31 CODE: _____

Dues: \$ _____

Building Assessment: \$ _____

Security Fee: \$ _____

TOTAL \$ _____