

Congregation Beth Shalom Membership Application Form



Please fill out the complete membership application and return to:
Congregation Beth Shalom, 5915 Beacon Street, Pittsburgh, PA 15217.

If you have any questions, please contact us at 412-421-2288 x226 or info@bethshalompgh.org.

Prefix Mr. Mrs. Ms. Dr. Other _____

Name (First, Last) _____ Nickname _____

Street _____

City _____ State _____ Zip Code _____ Country _____

Home Phone _____ Mobile Phone _____ Work Phone _____

Email Address _____ Date of Birth ____/____/____

Job Title/Profession (or former Job Title Profession) _____

Current or Previous Employer _____

Jewish? (at least one adult must be Jewish to join) Yes No Are you joining for the first time? Yes No

How did you become aware of Congregation Beth Shalom? _____

Why did you choose to join Congregation Beth Shalom? _____

Your Hebrew Name (transliterated, if known) _____

Father's Hebrew Name (transliterated, if known) _____

Mother's Hebrew Name (transliterated, if known) _____

Emergency Contact Name _____

Emergency Contact Phone Number _____

Marital Status _____ Anniversary (if applicable) ____/____/____

What motivated you to join Beth Shalom?

- | | |
|--|---|
| <input type="radio"/> General | <input type="radio"/> Lifecycle events (bar mitzvah, wedding, etc.) |
| <input type="radio"/> ELC | <input type="radio"/> Social |
| <input type="radio"/> Religious School (J-JEP) | <input type="radio"/> Personal Religious Study |
| <input type="radio"/> Relocation | <input type="radio"/> High Holy Days |

Hobbies _____

Interests

- | | | |
|---|----------------------------------|---|
| <input type="radio"/> Adult Education | <input type="radio"/> House | <input type="radio"/> Religious School |
| <input type="radio"/> Catering | <input type="radio"/> Keruv | <input type="radio"/> Religious Services |
| <input type="radio"/> Cemetery | <input type="radio"/> Membership | <input type="radio"/> Singles and Young Adults |
| <input type="radio"/> Constitution and Bylaws | <input type="radio"/> Men's Club | <input type="radio"/> Youth Groups |
| <input type="radio"/> Finance | <input type="radio"/> Sisterhood | <input type="radio"/> Websites and Social Media |
| <input type="radio"/> Fundraising | <input type="radio"/> Preschool | |

Name and address of previous congregation (*if applicable*) _____

Are you a member of another congregation? Yes No

If yes, where? _____

Allergies, Disabilities, Other accommodations _____

Any special needs for your family? _____

Yahrzeit Dates _____

Do you have any relatives or close friends that are also members of Congregation Beth Shalom?
(*If yes, please provide family name and relationship.*)

Have you discussed joining Beth Shalom with the Senior Rabbi or Executive Director? Yes No

Have you discussed your financial contribution (dues) with the Controller? Yes No

Spouse/Partner Section

Prefix Mr. Mrs. Ms. Dr. Other _____

Name (*First, Last*) _____ Nickname _____

Street _____

City _____ State _____ Zip Code _____ Country _____

Home Phone _____ Mobile Phone _____ Work Phone _____

Email Address _____ Date of Birth ____/____/____

Job Title/Profession (or former Job Title Profession) _____

Current or Previous Employer _____

Jewish? (at least one adult must be Jewish to join) Yes No Are you joining for the first time? Yes No

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Mother's Hebrew Name (transliterated, if known) _____

Emergency Contact Name _____

Emergency Contact Phone Number _____

Marital Status _____ Anniversary (if applicable) ____/____/____

Hobbies _____

Interests

- | | | |
|---|----------------------------------|---|
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| <input type="radio"/> Cemetery | <input type="radio"/> Membership | <input type="radio"/> Singles and Young Adults |
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| <input type="radio"/> Finance | <input type="radio"/> Sisterhood | <input type="radio"/> Websites and Social Media |
| <input type="radio"/> Fundraising | <input type="radio"/> Preschool | |

Yahrzeit Dates _____

What motivated you to join Beth Shalom?

- | | |
|--|---|
| <input type="radio"/> General | <input type="radio"/> Lifecycle events (bar mitzvah, wedding, etc.) |
| <input type="radio"/> ELC | <input type="radio"/> Social |
| <input type="radio"/> Religious School (J-JEP) | <input type="radio"/> Personal Religious Study |
| <input type="radio"/> Relocation | <input type="radio"/> High Holy Days |

Allergies, Disabilities, Other accommodations _____

Have you discussed joining Beth Shalom with the Senior Rabbi or Executive Director? Yes No

Have you discussed your financial contribution (dues) with the Controller? Yes No

Children Section

Do you or your partner have any children? Yes No If yes, how many? _____

Child #1

Name _____ Age _____ Birth Date _____ / _____ / _____

Hebrew Name (if applicable) _____

School name (if applicable) _____ School grade (if applicable) _____

Allergies, Disabilities, Other accommodations _____

Child #2

Name _____ Age _____ Birth Date _____ / _____ / _____

Hebrew Name (if applicable) _____

School name (if applicable) _____ School grade (if applicable) _____

Allergies, Disabilities, Other accommodations _____

Child #3

Name _____ Age _____ Birth Date _____ / _____ / _____

Hebrew Name (if applicable) _____

School name (if applicable) _____ School grade (if applicable) _____

Allergies, Disabilities, Other accommodations _____