

Congregation Beth Israel  
Administrative Offices  
2939 Jewett Street  
Highland, Indiana 46322  
(219) 923-1818 / (219) 923 7537 Fax

Dr. Raphael Ostrovsky, Rabbi

Barry Rooth, President

**MEMBERSHIP APPLICATION**

Mr/Mrs/Miss/Ms/Dr \_\_\_\_\_ (Area Code)Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Marital Status \_\_\_ Single \_\_\_ Married(\_\_\_ / \_\_\_ / \_\_\_) \_\_\_ Divorced \_\_\_ Widowed Birth date \_\_\_ / \_\_\_ / \_\_\_

Work Address & Phone \_\_\_\_\_ Occupation \_\_\_\_\_

E-mail address \_\_\_\_\_ Fax \_\_\_\_\_

Your Hebrew Name \_\_\_\_\_ Are you (check one): \_\_\_ Cohen \_\_\_ Levi \_\_\_ Israel

Father's Hebrew Name \_\_\_\_\_ Mother's Hebrew Name \_\_\_\_\_

Bar/Bat Mitzvah Date \_\_\_ / \_\_\_ / \_\_\_

**SPOUSE INFORMATION**

Birth date \_\_\_ / \_\_\_ / \_\_\_

Mr/Mrs/Dr \_\_\_\_\_ (Area Code)Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Work Address & Phone \_\_\_\_\_ Occupation \_\_\_\_\_

E-mail address \_\_\_\_\_ Fax \_\_\_\_\_

Your Hebrew Name \_\_\_\_\_ Are you (check one): \_\_\_ Cohen \_\_\_ Levi \_\_\_ Israel

Father's Hebrew Name \_\_\_\_\_ Mother's Hebrew Name \_\_\_\_\_

Bar/Bat Mitzvah Date \_\_\_ / \_\_\_ / \_\_\_

**CHILD INFORMATION**

Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_ Birth Date \_\_\_ / \_\_\_ / \_\_\_

Grade \_\_\_\_\_ Name of School \_\_\_\_\_ City \_\_\_\_\_ Bar/Bat Mitzvah \_\_\_ / \_\_\_ / \_\_\_

Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_ Birth Date \_\_\_ / \_\_\_ / \_\_\_

Grade \_\_\_\_\_ Name of School \_\_\_\_\_ City \_\_\_\_\_ Bar/Bat Mitzvah \_\_\_ / \_\_\_ / \_\_\_

Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_ Birth Date \_\_\_ / \_\_\_ / \_\_\_

Grade \_\_\_\_\_ Name of School \_\_\_\_\_ City \_\_\_\_\_ Bar/Bat Mitzvah \_\_\_ / \_\_\_ / \_\_\_

Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_ Birth Date \_\_\_ / \_\_\_ / \_\_\_

Grade \_\_\_\_\_ Name of School \_\_\_\_\_ City \_\_\_\_\_ Bar/Bat Mitzvah \_\_\_ / \_\_\_ / \_\_\_

**Yahrzeit Record of Deceased Loved Ones**

	Name	Relationship	Secular Date (day/evening)	Hebrew Date
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

Check the type of membership:  
 Family (\$1,375)     Single (\$850)

**GENERAL INFORMATION**  
Jewish Organizations in which you or your spouse are involved: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What religious services do you attend? Check all that apply:     High Holidays     Yahrzeits  
 Other Major Holidays     Morning Minyan     Saturday AM Shabbat Services  
Do you read from the torah?     Yes     No  
Please mark with a number 1 or 2 (1=you, 2=spouse) all areas in which you might be interested:  
 Social Committee     Sisterhood     School Board     House Committee  
 Membership Committee     Usher Committee     Ritual Committee     Mitzvah Committee  
 School Teacher     Other

Synagogue policy states that half of the membership dues is due by May 1<sup>st</sup> and the other half by August 1<sup>st</sup>. Anyone wishing to terminate membership must do so in writing, and dues will be prorated according to the date notification is received.

**I AM A MEMBER OF THE JEWISH FAITH:**

\_\_\_\_\_ (Your signature)    \_\_\_\_\_ (Date)    \_\_\_\_\_ (Spouse signature)    \_\_\_\_\_ (Date)