

BETH SHALOM CONGREGATION OF CARROLL COUNTY

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MEMBERSHIP APPLICATION INFORMATION SHEET

ADULT 1

Title: Dr. ___ Mr. ___ Mrs. ___ Ms. ___ Miss ___

Name: _____ Birthdate: _____ Gender: M ___ F ___

Address: _____ Wedding Anniversary: _____

City, St., Zip _____

Phone: _____ Fax: _____ Cell Phone: _____ Pager: _____

Email: _____

Hebrew Name (in English letters, please): _____

Tribe: Kohen ___ Levi ___ Yisroel ___

Permission Granted to print any and all video/pictures and to print name of person: Circle One: Yes or No

Occupation: _____ *Please check if permission is granted to print occupation information in our reference handbook* _____

Business: _____

Business Address: _____

City, St., Zip _____

Phone: _____ Fax: _____ Cell Phone: _____ Pager: _____

Email: _____

Emergency Information

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Special Talents or Volunteer Skills:

ADULT 2

Title: Dr. ___ Mr. ___ Mrs. ___ Ms. ___ Miss ___

Name: _____ Birthdate: _____ Gender: M ___ F ___

Address: _____

City, St., Zip _____

Phone: _____ Fax: _____ Cell Phone: _____ Pager: _____

Email: _____

Hebrew Name (in English letters, please): _____

Tribe: Kohen ___ Levi ___ Yisroel ___

Permission Granted to print any and all video/pictures and to print name of person: Circle One: Yes or No

Occupation: _____ *Please check if permission is granted to print occupation information in our reference handbook* _____

Business: _____

Business Address: _____

City, St., Zip _____

Phone: _____ Fax: _____ Cell Phone: _____ Pager: _____

Email: _____

Emergency Information

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Special Talents or Volunteer Skills:

Yahrzeits (please write Hebrew Names in English Letters)

Name: _____ Hebrew Name: _____
Date of Death: _____ Before Sunset ____ After Sunset ____ Adult 1 Adult 2
Cemetery _____ Location _____
Relationship _____

Name: _____ Hebrew Name: _____
Date of Death: _____ Before Sunset ____ After Sunset ____ Adult 1 Adult 2
Cemetery _____ Location _____
Relationship _____

Name: _____ Hebrew Name: _____
Date of Death: _____ Before Sunset ____ After Sunset ____ Adult 1 Adult 2
Cemetery _____ Location _____
Relationship _____

Name: _____ Hebrew Name: _____
Date of Death: _____ Before Sunset ____ After Sunset ____ Adult 1 Adult 2
Cemetery _____ Location _____
Relationship _____

Name: _____ Hebrew Name: _____
Date of Death: _____ Before Sunset ____ After Sunset ____ Adult 1 Adult 2
Cemetery _____ Location _____
Relationship _____

Name: _____ Hebrew Name: _____
Date of Death: _____ Before Sunset ____ After Sunset ____ Adult 1 Adult 2
Cemetery _____ Location _____
Relationship _____

Name: _____ Hebrew Name: _____
Date of Death: _____ Before Sunset ____ After Sunset ____ Adult 1 Adult 2
Cemetery _____ Location _____
Relationship _____

Name: _____ Hebrew Name: _____
Date of Death: _____ Before Sunset ____ After Sunset ____ Adult 1 Adult 2
Cemetery _____ Location _____
Relationship _____

CHILD (please include adult children and write Hebrew names in English letters)

Name: _____ Birthdate: _____ Gender: M ___ F ___
Address: _____
City, St., Zip _____ Phone: _____
Email: _____
Hebrew Name: _____
Bar/Bat Mitzvah Date: _____ Tribe: Kohen ___ Levi ___ Yisroel ___
Permission Granted to print any and all video/pictures and to print name of person: Circle One: Yes or No
Jobs/volunteering opportunities teen offers, along with areas they can work
(Parent's authorization signature _____):

Mandatory

School or Business: _____
School or Business Address: _____
City, St., Zip _____
Phone: _____ Fax: _____

Emergency Information

Name: _____ Phone: _____
Name: _____ Phone: _____
Name: _____ Phone: _____

CHILD

Name: _____ Birthdate: _____ Gender: M ___ F ___
Address: _____
City, St., Zip _____ Phone: _____
Email: _____
Hebrew Name: _____
Bar/Bat Mitzvah Date: _____ Tribe: Kohen ___ Levi ___ Yisroel ___
Permission Granted to print any and all video/pictures and to print name of person: Circle One: Yes or No
Jobs/volunteering opportunities teen offers, along with areas they can work
(Parent's authorization signature _____):

Mandatory

School or Business: _____
School or Business Address: _____
City, St., Zip _____
Phone: _____ Fax: _____

Emergency Information

Name: _____ Phone: _____
Name: _____ Phone: _____
Name: _____ Phone: _____

CHILD

Name: _____ Birthdate: _____ Gender: M__ F__

Time of Birth: (check one) Before Sunset _____ After Sunset _____

Address: _____

City, St., Zip _____ Phone: _____

Email: _____

Hebrew Name: _____

Bar/Bat Mitzvah Date: _____ Tribe: Kohen _____ Levi _____ Yisroel _____

Permission Granted to print any and all video/pictures and to print name of person: Circle One: Yes or No

Jobs/volunteering opportunities teen offers, along with areas they can work

(Parent's authorization signature _____):

Mandatory

School or Business: _____

School or Business Address: _____

City, St., Zip _____

Phone: _____ Fax: _____

Emergency Information

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

CHILD

Name: _____ Birthdate: _____ Gender: M__ F__

Time of Birth: (check one) Before Sunset _____ After Sunset _____

Address: _____

City, St., Zip _____ Phone: _____

Email: _____

Hebrew Name: _____

Bar/Bat Mitzvah Date: _____ Tribe: Kohen _____ Levi _____ Yisroel _____

Permission Granted to print any and all video/pictures and to print name of person: Circle One: Yes or No

Jobs/volunteering opportunities teen offers, along with areas they can work

(Parent's authorization signature _____):

Mandatory

School or Business: _____

School or Business Address: _____

City, St., Zip _____

Phone: _____ Fax: _____

Emergency Information

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

These questions below will provide us with a wealth of valuable information. Please take a few moments to complete.

Vacation Home Address _____
City/State/Zip _____
Phone _____
E-mail Address: _____
Time of year at this address _____

1. Interested in volunteering with special events from time to time.
Yes ___ No ___

Name(s) _____

2. Interested in sharing my ideas and support by serving on a committee once a month.
*Yes ___ No ___

Name(s) _____
*We will contact you to discuss where and how your talents and services are best suited.

3. School age children who would like to volunteer when needed, to collect "Service Hours". Teenagers who baby sit or provide other services, i.e., house sitting, lawn mowing, vacation pet care ...
Yes ___ No ___

Name(s) _____

4. Would like to receive our newsletter, the Chalutz by way of:

Email Only _____ Mail Only _____ Both _____

5. *Would like* _____ or *would not like* _____ to be contacted via "The Phone Squad" regarding upcoming events and special information.