



Membership Application

Welcome to Congregation Beth Israel! We are delighted that you have chosen to become part of our community. We hope that you will find membership an enriching experience and encourage you to explore the diverse opportunities for Jewish expression that CBI offers.

All information in this application will be treated confidentially. Completed applications can be mailed to 53 Lois Street in North Adams, dropped off in person, or emailed to our office at office@cbiberkshires.com. Please print or type all information clearly. For questions and assistance regarding this application, please call our office at (413) 663-5830 or email office@cbiberkshires.com.

By signing below, you agree to abide by the by-laws, rules, and regulations of Congregation Beth Israel.

Adult #1 _____ **Adult #2** _____
Signature Date Signature Date

Adult Applicant #1

Full Name _____ **Gender** _____

Title None Mr. Mrs. Ms. Miss Mx. Dr. Other _____ **Pronouns** _____

Date of Birth (MM / DD / YYYY) _____

Cell Phone Number _____ Primary contact I do not want this listed in CBI's directory

Email _____ Primary contact I do not want this listed in CBI's directory

Do you want to receive CBI's monthly newsletter by email? Yes No

Do you require any accessibility accommodations? Yes No

If yes, briefly tell us what specific accommodations you're requesting _____

Are you Jewish? (Regardless if by birth or conversion) Yes No Planning to Convert

If you're planning to convert, please contact Rabbi Rachel Barenblat (rabbii@cbiberkshires.com) for more information

Jewish Name (Transliterated) _____

If known, please include first names of both parents (ex. – Yosef ben Dan v'Chaya)

Religious Background(s) Reform Conservative Orthodox Jewish (Unaffiliated) None

Other _____

Are you able to read Hebrew? Yes Transliterations Only No

Emergency Contact _____ **Relationship** _____

Home Phone Number _____ **Cell Phone Number** _____

Adult Applicant #2

Full Name _____ **Gender** _____

Title None Mr. Mrs. Ms. Miss Mx. Dr. Other _____ **Pronouns** _____

Date of Birth (MM / DD / YYYY) _____

Cell Phone Number _____ Primary contact I do not want this listed in CBI's directory

Email _____ Primary contact I do not want this listed in CBI's directory

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Religious Background(s) Reform Conservative Orthodox Jewish (Unaffiliated) None

Other _____

Are you able to read Hebrew? Yes Transliterations Only No

Emergency Contact _____ **Relationship** _____

Home Phone Number _____ **Cell Phone Number** _____

Relationship to Adult Applicant #1 _____

If married, what is your wedding anniversary? (MM / DD / YYYY) _____

If more than two adults are applying for membership, please contact our office for assistance

Please list any past or current synagogue memberships (including synagogue name, location, & dates)

Do you have children living at home? Yes No *(If none live at home, please skip the following section)*

Child #1's Full Name _____ **Gender** _____

Date of Birth *(MM / DD / YYYY)* _____ **Grade** *(if attending school)* _____

Emergency Contact & Relationship _____ **Phone #** _____

Will they be attending Hebrew School at CBI? Yes No

Child #2's Full Name _____ **Gender** _____

Date of Birth *(MM / DD / YYYY)* _____ **Grade** *(if attending school)* _____

Emergency Contact & Relationship _____ **Phone #** _____

Will they be attending Hebrew School at CBI? Yes No

Child #3's Full Name _____ **Gender** _____

Date of Birth *(MM / DD / YYYY)* _____ **Grade** *(if attending school)* _____

Emergency Contact & Relationship _____ **Phone #** _____

Will they be attending Hebrew School at CBI? Yes No

Child #4's Full Name _____ **Gender** _____

Date of Birth *(MM / DD / YYYY)* _____ **Grade** *(if attending school)* _____

Emergency Contact & Relationship _____ **Phone #** _____

Will they be attending Hebrew School at CBI? Yes No

If your family has more than four children living at home, please contact our office for assistance

Please list any previous Hebrew School enrollments *(including child, synagogue name, & location)*

Yahrzeit Information

Full Name	Relationship	Member Observing	Date of Death <i>(Gregorian or Jewish)</i>
<i>Example: John Doe</i>	<i>Father</i>	<i>Jane Doe</i>	<i>09/23/1975 or Tishrei 18, 5736</i>

If you have additional names to list for yahrzeit, please contact our office for assistance

Contact Information

Home Address _____

City _____ **State** _____ **Zip** _____ I do not want this listed in CBI's directory

Mailing Address (if different) _____

City _____ **State** _____ **Zip** _____ I do not want this listed in CBI's directory

Home Phone Number _____ Primary contact I do not want this listed in CBI's directory

Family Email _____ Primary contact I do not want this listed in CBI's directory

Do you want to receive CBI's monthly newsletter by email? Yes No

Medical Contact _____ Dr. RN PA LPN Other _____

Practice Name _____ **Phone Number** _____

How did you hear about CBI? _____

Do you have any relatives or friends who are members of CBI? Yes _____ No

What led you to join our synagogue? Please check all that apply

- Jewish Learning Spiritual Life Cemetery Tikkun Olam
- Hebrew School Holiday Celebrations Community Bar / Bat Mitzvah
- Shabbat Service Our Rabbi Other _____

What do you hope to find in our synagogue's community? _____

What committees or volunteer opportunities interest you? Please check all that apply

- Adult Education Building & Grounds Cemetery Chevra Kadisha Event Planning
- Hebrew School High Holidays Library Membership Public Relations
- Shabbat Hosting Social Media Spiritual Life Take & Eat Web Design

Are there any other skills or interests that you'd like to share with us? Please check all that apply

- Arts & Crafts Chanting Torah Cooking & Baking Driving & Transportation
- Handywork & Repairs (Carpentry, Electrical, & Plumbing) Gardening Leading Services
- Music & Dance Sewing & Needlework Teaching Hebrew Other _____

CONGREGATION BETH ISRAEL MEMBERSHIP FEES

Individual \$700 annually
Family \$1,420 annually

Student Free for first year; \$18 for each additional year
For full-time undergraduate or graduate students aged 18-25. (Does not include cemetery privileges.)

Seasonal \$590 annually
For individuals who have a primary residence outside of the local area and reside in the local area for less than 4 months each year. (Does not include cemetery privileges.)

Associate \$425 annually
For individuals who were previously full members for at least 5 consecutive years but no longer maintain a local residence.

SPONSOR MEMBERSHIPS

Individual Sponsor \$1,220 annually
Family Sponsor \$2,440 annually
Benefactor \$3,240 annually (*180 * chai*)
Fellow \$5,040 annually (*280 * chai*)

Higher levels of membership help CBI offer programs to a diverse membership while defraying operating costs and are tax deductible. In addition, in appreciation, members at these levels receive the following additional membership benefits:

- Individual Sponsors: Free admittance for one person to CBI's Break the Fast and Community Seder celebrations.
- Family Sponsors: Free admittance for two adults and up to 3 children to CBI's Break the Fast and Community Seder celebrations.
- Benefactors: All benefits of Family Sponsors, plus an invitation to tea with the Rabbi.
- Fellows: All benefits of Benefactors, plus a signed poem by Rabbi Rachel Barenblat.

I / We are interested in joining CBI at the following level:

Memberships Individual Family Student Seasonal Associate

Sponsorships Individual Sponsor Family Sponsor Benefactor Fellow

Billing Cycle: Annually Quarterly (*every 3 months*) Biannually (*every 6 months*)

Please note that new members are to contribute to CBI's Building Fund, which is used solely for building maintenance and for any expansion that may be necessary for the future growth of our congregation. The assessment is \$1,500, payable over 3 years (\$500/year). Extensions may be granted in cases of need.