



**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](mailto: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](mailto: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](mailto: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

**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 require** \_\_\_\_\_

**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](mailto: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** \_\_\_\_\_

**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)*

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**Yahrzeit Information**

Full Name	Relationship	Member Observing	Date of Death (Gregorian or Jewish)
<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 directoryHome Phone Number \_\_\_\_\_  Primary contact  I do not want this listed in CBI's directoryFamily 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  NoMedical 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**  
*(as of July 1, 2023)*

**Individual**                 \$740 annually  
**Family**                    \$1,495 annually

**Student**                   Free for first year; \$18 for each additional year  
*For full-time undergraduate or graduate students aged 18-30. (Excludes cemetery & voting privileges.)*

**Seasonal**                 \$625 annually  
*For individuals who have a primary residence outside of the local area & reside in the local area for less than 4 months each year. (Excludes cemetery & voting privileges.)*

**Associate**                \$450 annually  
*For individuals who were previously full members for at least 5 consecutive years but no longer maintain a local residence. (Excludes voting privileges.)*

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**SPONSOR MEMBERSHIPS**

**Individual Sponsor**        \$1,300 annually

**Family Sponsor**            \$2,650 annually

**Benefactor**                 \$3,600 annually

**Fellow**                      \$5,600 annually

Higher levels of membership help CBI offer programs to a diverse membership while defraying operating costs & 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 & Community Seder celebrations.
- Family Sponsors: Free admittance for two adults & up to 3 children to CBI's Break the Fast & 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.

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**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 also 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.*