



Congregation

Beth Israel

A Community Synagogue in New Orleans

MEMBERSHIP APPLICATION

5769-2008/2009

- Free First Year Membership for NOLA Newcomers
- Friend of Beth Israel \$180 *(rate only available to out-of-state supporters)*
- Associate Membership \$360

FULL MEMBERSHIP (please generously select your personal rate):

- Full Membership \$1800 Full Membership \$900
- Full Membership \$1440 Full Membership \$720
- Full Membership \$1080

Full membership entitles individual to burial rights, voting right, rights to serve as an officer or board member, etc.

Mailing Address:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Home Fax #: _____

General Information:

Full Name: _____ Hebrew Name: _____

Father's Hebrew Name: _____ Mother's Hebrew Name: _____

Your Bar/Bat Mitzvah Parsha: _____ Date of Birth M/D/Y: _____

Occupation: _____ Work Phone #: _____

E-mail: _____ Cell Phone #: _____

Partner's Information (if applicable):

Full Name: _____ Hebrew Name: _____

Father's Hebrew Name: _____ Mother's Hebrew Name: _____

Your Bar/Bat Mitzvah Parsha: _____ Date of Birth M/D/Y: _____

Occupation: _____ Work Phone #: _____

E-mail: _____ Cell Phone #: _____

Wedding Anniversary (English Date) M/D/Y: _____

Children Information (if applicable):

English Name	Hebrew Name	Date of Birth M/D/Y	School/Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Office Use Only: Check #: _____ Date: _____ Amount: \$ _____ Account #: _____



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Yahrzeits Information:

Your Relatives:

Full English Name: _____

Full Hebrew Name: _____

Full Father's Hebrew Name: _____

Relationship: _____

Hebrew Date of Passing: M/D/Y _____

English Date of Passing: M/D/Y _____

Before Sunset

After Sunset

Full English Name: _____

Full Hebrew Name: _____

Full Father's Hebrew Name: _____

Relationship: _____

Hebrew Date of Passing: M/D/Y _____

English Date of Passing: M/D/Y _____

Before Sunset

After Sunset

Spouse's Relatives:

Full English Name: _____

Full Hebrew Name: _____

Full Father's Hebrew Name: _____

Relationship: _____

Hebrew Date of Passing: M/D/Y _____

English Date of Passing: M/D/Y _____

Before Sunset

After Sunset

Full English Name: _____

Full Hebrew Name: _____

Full Father's Hebrew Name: _____

Relationship: _____

Hebrew Date of Passing: M/D/Y _____

English Date of Passing: M/D/Y _____

Before Sunset

After Sunset

Check the following that you would like to be involved in:

Youth Programming

Meals for New Mothers

Welcoming Committee

General Programming Committee

Chevra Kaddisha (Bereavement)

Hospitality Committee

Shabbat Meals Committee

Other (please list): _____

Please return this form with check to:

Congregation Beth Israel
4000 West Esplanade Ave
Metairie, LA 70002

Phone: 504 454 5080 or Fax to 504 883 8010