

Shalom,

Thank you for your interest in Congregation Beth Elohim (CBE). For 150 years, CBE has been serving the Brooklyn community with a dedication to the eternal Jewish spiritual values of learning, service, and acts of loving-kindness.

We strive to be a diverse, warm, and hospitable place for you to build community, form new bonds of friendship, and reach out to help make our world a better place. That means being with you for moments of celebration as well as sorrow. We consider each encounter to be an opportunity for blessing and enrichment along life's journey.


We are a learning community and as such education is often at the center of what we do. We offer a worship experience that is rooted in the intellectual tenets of Reform Judaism. We provide an open and experiential educational program for children from early childhood through B'nai Mitzvah and beyond until college. We also have a dynamic adult learning program that is led by faculty from across New York City.

In addition, our Early Childhood Center and After School Programs serve not only the congregation but the broader Brooklyn community, making us a genuine hub in Park Slope for the 21st Century.

If you have any questions that are not answered in the membership packet, please do not hesitate to contact Monika Hamburger, Executive Director, at mhamburger@cbebk.org. We'll be glad to welcome you and speak to you personally about joining CBE.

Looking forward to seeing you soon.

In friendship,



Rabbi Andy Bachman

274 Garfield Place Brooklyn, NY 11215 • Tel: (718) 768-3814 • Fax: (718) 768-7414 • www.congregationbethelohim.org

We are delighted you are choosing to become part of our community! We know that you will find membership at CBE an enriching experience. All information in this application will kept confidential.

Contact Information

How would you like your name(s) to appear on CBE mailings and in the directory? We will do our best to accommodate your request within our system's capabilities.

Name(s): _____

Home address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

First Adult Member

Second Adult Member

Preferred Phone #: _____

Preferred Phone #: _____

Preferred Email: _____

Preferred Email: _____

I would like to receive CBE communications via email.

I would like to receive CBE communications via email.

First Adult Member

Second Adult Member

Male Female
 Mr. Mrs. Ms. Other _____

Male Female
 Mr. Mrs. Ms. Other _____

Full Name

Full Name

Date of Birth

Date of Birth

Personal Status

Single Partnered Married _____(date)
 Divorced Widowed Other _____

Personal Status

Single Partnered Married _____(date)
 Divorced Widowed Other _____

Occupation/Title

Occupation/Title

Area of Specialization

Area of Specialization

Employer

Employer

Address

Address

City, State, Zip

City, State, Zip

Business Phone

Business Phone

Business Email

Business Email

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First Adult Member

Second Adult Member

Religious background in which you were raised
 Reform Conservative
 Orthodox Jewish unaffiliated
 Other _____

Religious background in which you were raised
 Reform Conservative
 Orthodox Jewish unaffiliated
 Other _____

How do you identify now?

How do you identify now?

If you became Jewish as an adult, please list date, congregation, and city

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Bar/Bat Mitzvah (if applicable) date, congregation, and city

Bar/Bat Mitzvah (if applicable) date, congregation, and city

Hebrew name (if known)

Hebrew name (if known)

Confirmation (if applicable) date, congregation, and city

Confirmation (if applicable) date, congregation, and city

Have you ever been a member of another synagogue?
If so, when?

Have you ever been a member of another synagogue?
If so, when?

Please list any relatives who are CBE members

Please list any relatives who are CBE members

Please list any friends who are CBE members

Please list any friends who are CBE members

Yahrzeit Observance

If you'd like to observe the Hebrew calendar date (e.g., 17 Cheshvan 5748) and do not recall it, list the Gregorian calendar date (e.g., November 9, 1987) and we will determine the Hebrew date for you. Please include the complete date: month, day, year. Please also check whether you'd prefer your loved one honored on the Gregorian date, the Hebrew date, or both.

Deceased's name	Relative of	Relationship	Gregorian date of death		Hebrew date of death	
				<input type="checkbox"/>		<input type="checkbox"/>
				<input type="checkbox"/>		<input type="checkbox"/>
				<input type="checkbox"/>		<input type="checkbox"/>
				<input type="checkbox"/>		<input type="checkbox"/>
				<input type="checkbox"/>		<input type="checkbox"/>
				<input type="checkbox"/>		<input type="checkbox"/>

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Children's Background

	First Child <input type="checkbox"/> Male <input type="checkbox"/> Female	Second Child <input type="checkbox"/> Male <input type="checkbox"/> Female	Third Child <input type="checkbox"/> Male <input type="checkbox"/> Female	Fourth Child <input type="checkbox"/> Male <input type="checkbox"/> Female
First and middle name				
Last name (if different)				
Hebrew name (if known)				
Birth date (and grade if applicable)				
Address (if not living with you)				
Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partnered	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partnered	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partnered	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partnered
Is this child being raised in the Jewish faith?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will this child be attending Religious School/Yachad?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bar/Bat Mitzvah: date, congregation, and city				
Confirmation: date, congregation, and city				
If previously attended Religious School, list congregation and city				
What school does your child attend?				

Membership Category

CBE welcomes all who wish to join our community. It is our policy that the cost of membership should never prevent anyone from joining our congregational family or continuing their membership at CBE. If you wish to have a confidential discussion regarding dues, please contact Executive Director Monika Hamburger at (718) 768-3814, ext. 204 or email her at mhamburger@cbebk.org.

I/we would like to apply for the following category of membership:

Membership	Contribution	Benefits include:
<input type="checkbox"/> Individual	\$1,435	<ul style="list-style-type: none"> • Membership in a dynamic, thriving Jewish community • CBE clergy consultation • High Holy Days tickets • Reduced member rates for: <ul style="list-style-type: none"> • All educational and special events for children (including tuition and related fees for Early Childhood Center, Yachad, After School, Keshet, and Keshet Tots) • Priority consideration for all above mentioned programs • Adult education classes, support groups, cultural events, and other fee programs • Facilities usage and rentals • Gym and pool membership • Voting privileges at Annual Congregational Meeting • Subscription to the Advisory weekly electronic newsletter and temple <i>Bulletin</i>
<input type="checkbox"/> Family	\$2,255	
<input type="checkbox"/> Individual (under 30)	\$385	
<input type="checkbox"/> Family (under 30)	\$750	

I/We hereby apply for membership in Congregation Beth Elohim. If I/we become a member, I/we agree to abide by the By-Laws, rules, and regulations of the temple.

Signed: _____ Date: _____ Signed: _____ Date: _____