



Congregation Beth Am Membership Directory Form 2022-2023

Please Print Clearly and return to CBA with your pledge form. Thank you!!

I give permission for Congregation Beth Am (CBA) to publish my name, email, address and phone number in the member's only Membership Directory. **Circle one: Yes No**

I give permission to CBA to use/publish photo(s) of me/members of my family taken at CBA functions. **Circle one: Yes No**

General Information:

Adult Member 1

Adult Member 2

Title: circle one	Mr. Mrs. Ms. Dr. Other _____		Mr. Mrs. Ms. Dr. Other _____
Name:			
Email:			
Cell Ph #			
Work Ph#			
Address:			Same as Adult 1 ____
Date of Birth			
Relationship Status: circle one	Married--Wedding Date _____ Single Divorced Widowed Domestic Partnership		Married--Wedding Date _____ Single Divorced Widowed Domestic Partnership
Occupation			
Religious Tradition	Reform Conservative Orthodox Reconstructionist Other _____		Reform Conservative Orthodox Reconstructionist Other _____
Hebrew Name	I have one but don't know what it is ____ My Hebrew Name is _____ I would like to get a Hebrew name _____		I have one but don't know what it is ____ My Hebrew Name is _____ I would like to get a Hebrew name _____
Hebrew Skills: Circle one	None Read Hebrew Speak Hebrew Offer an Aliyah Read/Chant Torah Lead Shiva Minyan		None Read Hebrew Speak Hebrew Offer an Aliyah Read/Chant Torah Lead Shiva Minyan
Former Synagogue Membership	Name of Synagogue: Location of Synagogue:		Name of Synagogue: Location of Synagogue:

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General Children's Information

	Child 1	Child 2
Full Name:		
Date of Birth		
Hebrew Name	My child has one, but I don't know what it is ____ Hebrew Name is _____ I would like my child to get a Hebrew name _____	My child has one, but I don't know what it is ____ My Hebrew Name is _____ I would like my child get a Hebrew name _____

	Child 3	Child 4
Full Name:		
Date of Birth		
Hebrew Name	My child has one, but I don't know what it is ____ Hebrew Name is _____ I would like my child to get a Hebrew name _____	My child has one, but I don't know what it is ____ Hebrew Name is _____ I would like my child to get a Hebrew name _____

Yahrzeits—*anniversary of a loved one's death*

___ **CBA already has the Yahrzeits of my loved ones on file**

Please Print Clearly

Name	Relationship	Date of Death
<i>Use additional pages if necessary</i>		