

Congregation B'nai Torah  
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Congregation  
**B'nai Torah**

...where past, present and future meet

## MEMBERSHIP APPLICATION

We are pleased that you have shown interest in joining Congregation B'nai Torah. Please take a few minutes to fill out the following Membership Application and questionnaire. Your answers to the Membership Application are strictly confidential and are needed for ritual and life cycle event purposes. Your answers to the questionnaire will be used by our synagogue leadership to determine how to best provide the many and varied needs of our members.

**PLEASE PRINT CLEARLY**  
**Complete All Blanks**

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ **9-digit** Zip Code \_\_\_\_\_

Home Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

Date of Application \_\_\_\_\_

Referred By \_\_\_\_\_

Family E-Mail \_\_\_\_\_

### Membership Agreement

I promise, when accepted for membership, I will abide by all the rules and regulations of the Congregation as stated in the By-Laws.

I understand that the Fiscal Year for payment of all B'nai Torah accounts is July 1 - June 30.

I have received and understand all commitments regarding Building Fund policy and payment schedules.

I understand that all accommodations of special needs for Dues Structures and Building Fund can only be considered after consultation with the Vice President of Finance.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_





Name of Applicant(s): \_\_\_\_\_ Phone: \_\_\_\_\_

I. **What are you looking for?** What are the most important aspects of synagogue life for you?  
Please rate the importance of each of the following to you.

	Male			Female		
	Not Important		Very Important	Not Important		Very Important
• Social Activities (Sisterhood, Brotherhood, other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Traditional High Holiday Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Traditional Shabbat Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Children's Jewish Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Adult Jewish Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Daily Minyan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Events for Young Families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• A Caring Community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• A Beautiful Sanctuary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Others (Please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II. **What made you choose B'nai Torah rather than another synagogue?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. **Male: Are you able to follow the service in Hebrew?** \_\_\_\_\_  
**Able to Lead Service in Hebrew?** \_\_\_\_\_  
**Able to read Torah or Haftorah?** \_\_\_\_\_  
**Female: Are you able to follow the service in Hebrew?** \_\_\_\_\_  
**Able to Lead Service in Hebrew?** \_\_\_\_\_  
**Able to read Torah or Haftorah?** \_\_\_\_\_

IV. **How would you like to get involved?** We hope that you find a place in CBT where you can utilize your own unique talents & skills. Tell us about the areas you would like to be involved in.

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Adult & Family Education | <input type="checkbox"/> Junior Congregation | <input type="checkbox"/> Programming      | <input type="checkbox"/> Synagogue Leadership   |
| <input type="checkbox"/> Brotherhood              | <input type="checkbox"/> CBT Seniors         | <input type="checkbox"/> Religious School | <input type="checkbox"/> Ushering               |
| <input type="checkbox"/> Chesed/Chevra Kadisha    | <input type="checkbox"/> Membership          | <input type="checkbox"/> Ritual Committee | <input type="checkbox"/> Young Families' Events |
| <input type="checkbox"/> Facilities & Aesthetics  | <input type="checkbox"/> Newsletter/PR       | <input type="checkbox"/> Sisterhood       | <input type="checkbox"/> Youth Group            |
| <input type="checkbox"/> Fundraising              | <input type="checkbox"/> Office Volunteer    | <input type="checkbox"/> Social Action    | <input type="checkbox"/> Others: _____          |

V. **Do you have any other comments you would like to share with us?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_