

MEMBERSHIP APPLICATION  
 BETH ABRAHAM SYNAGOGUE  
 305 SUGAR CAMP CIRCLE  
 DAYTON, OH 45409

I/We being of the Jewish faith, according to the precepts and traditions of the Conservative Movement, hereby apply for membership in Beth Abraham Synagogue:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**PERSONAL INFORMATION**

The information you furnish the Congregation will be kept confidential. It is intended only for our records and to help us better serve you.

<b>Member 1</b>	Mr. Mrs. Dr. Ms. Hon. Please circle	First & Middle Name	Last Name	<b>Jewish Lineage</b> ___ Jew by Birth Circle: Kohen/Levi/Yisrael ___ Jew By Choice*
		Hebrew Name ben/bat (narents)		
<b>Member 2</b>	Mr. Mrs. Dr. Ms. Hon. Please circle	First & Middle Name	Last Name	<b>Jewish Lineage</b> ___ Jew by Birth Circle: Kohen/Levi/Yisrael ___ Jew By Choice*
		Hebrew Name ben/bat (narents)		

\*Jewish Lineage: Converting Rabbi's Name Or please attach a copy of Conversion Certificate

Date of Birth Member 1		Date of Birth Member 2		Personal Status Married Single Divorced Separated Widow (ed)	Anniversary Date
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Street, Apt #	Telephone
City, State, Zip	E-Mail

Temporary Winter ...	Street, Apt. #	City, State, Zip	Telephone
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**BUSINESS INFORMATION**

Occupation or Profession-Member 1		Specialization, Area of Expertise		
Title		Firm Name		
Business Address	Number & Street	City, State, Zip	Phone	Fax
Occupation or Profession-Member 2		Specialization, Area of Expertise		
Title		Firm Name		
Business Address	Number & Street	City, State, Zip	Phone	Fax
Prior Affiliation	Congregation		City, State	
	At Beth Abraham: From When?		To When?	

**PLEASE COMPLETE BOTH SIDES OF THIS FORM**

**DEPENDENT CHILDREN**

Only complete spaces that apply

First Name	MI	Last Name	Sex	Birth mm/dd/yyyy Date	Marital Status	Spouse First Name
Address				City, State		Zip
Secular School			Grade	Bar/Bat Mitzvah Date		Hebrew name
First Name	MI	Last Name	Sex	Birth mm/dd/yyyy Date	Marital status	Spouse First Name
Address				City, State		Zip
Secular School			Grade	Bar/Bat Mitzvah Date		Hebrew name
First Name	MI	Last Name	Sex	Birth mm/dd/yyyy Date	Marital status	Spouse First Name
Address				City, State		Zip
Secular School			Grade	Bar/Bat Mitzvah Date		Hebrew Name

If there is not sufficient space, please attach sheet with information about the rest of your family

**PARENTS-MEMBER 1**

Father's Full Name	Yahrzeit Date (If Applicable)	Before Sundown? Yes No	mm	dd	yyyy
Mother's First & Maiden Name	Yahrzeit Date (If Applicable)	Before Sundown? Yes No	mm	dd	yyyy
Address		City, State, Zip			

**PARENTS-MEMBER 2**

Father's Full Name	Yahrzeit Date (If Applicable)	Before Sundown? Yes No	mm	dd	yyyy
Mother's First & Maiden Name	Yahrzeit Date (If Applicable)	Before Sundown? Yes No	mm	dd	yyyy
Address		City, State, Zip			

**SPECIAL SKILLS TO SHARE WITH BETH ABRAHAM**

Hebrew Proficiency	Member 1 I feel comfortable: ___ Reading ___ Speaking ___ Writing	Member 2 I feel comfortable: ___ Reading ___ Speaking ___ Writing
Name(s): _____		Phone: _____
I/We would like to participate in the following (please indicate Member 1 or 2 or both)		
___ Adult Education	___ Men's Club	___ Torah/Haftarah Reader
___ Daily Minyan	___ Ritual	___ Ushering
___ Marketing/Public Relations	___ Sisterhood	___ Youth
___ Membership	___ Social Action	Other Committees and interests: (specify) _____ _____

**ADDITIONAL YAHRZEITS**

Name	Relationship to Member	Yahrzeit Date
Name	Relationship to Member	Yahrzeit Date
Name	Relationship to Member	Yahrzeit Date
Name	Relationship to Member	Yahrzeit Date