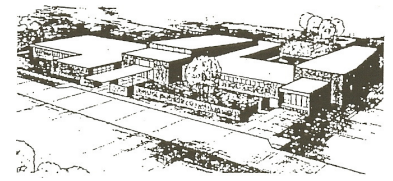


# B'NAI ZION CONGREGATION MEMBERSHIP APPLICATION

245 Southfield Road  
 Shreveport, LA 71105  
 www.BnaiZionCongregation.org

318-861-2122  
 fax 318-861-7961  
 BnaiZion@bellsouth.net



Application date \_\_\_\_\_

Welcome to B'nai Zion. We are delighted you have chosen to become part of our community. We hope that you will find membership an enriching experience and encourage you to explore the diverse opportunities for Jewish expression that B'nai Zion offers. Please call upon our clergy, staff, and lay leaders whenever we can assist you in becoming part of our B'nai Zion family. All information in this application will be treated confidentially. Please call our office at **318-861-2122** if you have any questions at all or need assistance in filling out this application.

## Personal Information

|                                                                           | ADULT APPLICANT 1<br><input type="checkbox"/> Male <input type="checkbox"/> Female                                           | ADULT APPLICANT 2<br><input type="checkbox"/> Male <input type="checkbox"/> Female                                           |
|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| Title                                                                     | <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other _____ | <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other _____ |
| Full Name                                                                 |                                                                                                                              |                                                                                                                              |
| By what first name to you wish to be addressed (if different from above)? |                                                                                                                              |                                                                                                                              |
| Personal Status                                                           | <input type="checkbox"/> Single <input type="checkbox"/> Married _____(date)<br><input type="checkbox"/> Other:              | <input type="checkbox"/> Partnered <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed                        |
| Hebrew Name (if known)                                                    |                                                                                                                              |                                                                                                                              |
| Date of Birth                                                             |                                                                                                                              |                                                                                                                              |
| Birthplace                                                                |                                                                                                                              |                                                                                                                              |
| Former city and state of residence                                        |                                                                                                                              |                                                                                                                              |
| Special Accommodations needed                                             | <input type="checkbox"/> Specific impairment :<br><input type="checkbox"/> Accommodations:                                   | <input type="checkbox"/> Specific impairment :<br><input type="checkbox"/> Accommodations:                                   |
| Community Affiliations                                                    |                                                                                                                              |                                                                                                                              |
| Cell Phone                                                                | <input type="checkbox"/> I can receive text messages.                                                                        | <input type="checkbox"/> I can receive text messages.                                                                        |
| E-mail                                                                    | <input type="checkbox"/> I would like to receive communications via email..                                                  | <input type="checkbox"/> I would like to receive communications via email..                                                  |

## Contact Information

How would you like your name(s) to appear on congregational mailings? We will do our best to accommodate your request within system capabilities.

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

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Fax: \_\_\_\_\_

All mailings will be sent to the home address unless otherwise requested. (Bulletins, billing statements, congregational correspondence, etc.)

The information you furnish to B'nai Zion will be kept confidential. It is intended only for our official synagogue records and to help us to better serve you and your family.

## Religious Background

|                                                                                    | Adult Applicant 1                                                                                                                                                                          | Adult Applicant 2                                                                                                                                                                          |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Religious background in which you were raised                                      | <input type="checkbox"/> Reform <input type="checkbox"/> Conservative<br><input type="checkbox"/> Orthodox <input type="checkbox"/> Jewish unaffiliated<br><input type="checkbox"/> Other: | <input type="checkbox"/> Reform <input type="checkbox"/> Conservative<br><input type="checkbox"/> Orthodox <input type="checkbox"/> Jewish unaffiliated<br><input type="checkbox"/> Other: |
| If you became Jewish as an adult<br>Date, Congregation, City                       |                                                                                                                                                                                            |                                                                                                                                                                                            |
| Bar/Bat Mitzvah (if applicable)<br>Date, Congregation, City                        |                                                                                                                                                                                            |                                                                                                                                                                                            |
| Confirmation (if applicable)<br>Date, Congregation, City                           |                                                                                                                                                                                            |                                                                                                                                                                                            |
| Congregation most recently or currently affiliated with: Dates, Congregation, City |                                                                                                                                                                                            |                                                                                                                                                                                            |
| Please list any relatives who are B'nai Zion members                               |                                                                                                                                                                                            |                                                                                                                                                                                            |
| Other synagogues where you have been a member: Dates, Congregation, City           |                                                                                                                                                                                            |                                                                                                                                                                                            |

## Business Information

|                        | Adult Applicant 1 | Adult Applicant 2 |
|------------------------|-------------------|-------------------|
| Occupation/Title       |                   |                   |
| Area of specialization |                   |                   |
| Employer               |                   |                   |
| Address                |                   |                   |
| City, State, Zip       |                   |                   |
| Business Phone         |                   |                   |
| Business Fax           |                   |                   |
| Business Email         |                   |                   |

## Yahrzeit Information

| Name | Date of Death<br>Before/After sundown | Reminder by Jewish<br>or Secular Date | Family Relationship |
|------|---------------------------------------|---------------------------------------|---------------------|
|      |                                       |                                       |                     |
|      |                                       |                                       |                     |
|      |                                       |                                       |                     |
|      |                                       |                                       |                     |
|      |                                       |                                       |                     |

Please attach a separate sheet for additional names.

Request information about Memorial Plaques at B'nai Zion

## Children's Information

|                                                                           | Child 1<br><input type="checkbox"/> Male <input type="checkbox"/> Female                                  | Child 2<br><input type="checkbox"/> Male <input type="checkbox"/> Female                                  | Child 3<br><input type="checkbox"/> Male <input type="checkbox"/> Female                                  | Child 4<br><input type="checkbox"/> Male <input type="checkbox"/> Female                                  |
|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| First and middle name                                                     |                                                                                                           |                                                                                                           |                                                                                                           |                                                                                                           |
| Last name<br>(if different)                                               |                                                                                                           |                                                                                                           |                                                                                                           |                                                                                                           |
| Preferred name<br>(likes to be called)                                    |                                                                                                           |                                                                                                           |                                                                                                           |                                                                                                           |
| Hebrew name<br>(if known)                                                 |                                                                                                           |                                                                                                           |                                                                                                           |                                                                                                           |
| Birth date (and current<br>grade if applicable)                           |                                                                                                           |                                                                                                           |                                                                                                           |                                                                                                           |
| Address<br>(if not living with you)                                       |                                                                                                           |                                                                                                           |                                                                                                           |                                                                                                           |
| Parent, if other than<br>member (contact info &<br>religion)              |                                                                                                           |                                                                                                           |                                                                                                           |                                                                                                           |
| Is this child being raised<br>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<br>attending Religious<br>School at B'nai Zion?        | <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:<br>Date, Congregation, City                              |                                                                                                           |                                                                                                           |                                                                                                           |                                                                                                           |
| Confirmation:<br>Date, Congregation, City                                 |                                                                                                           |                                                                                                           |                                                                                                           |                                                                                                           |
| If previously attended<br>Religious School, list<br>Congregation and City |                                                                                                           |                                                                                                           |                                                                                                           |                                                                                                           |
| Jewish Camp Experience                                                    |                                                                                                           |                                                                                                           |                                                                                                           |                                                                                                           |
| College Attending                                                         |                                                                                                           |                                                                                                           |                                                                                                           |                                                                                                           |
| Marital status                                                            | <input type="checkbox"/> Single<br><input type="checkbox"/> Married<br><input type="checkbox"/> Partnered | <input type="checkbox"/> Single<br><input type="checkbox"/> Married<br><input type="checkbox"/> Partnered | <input type="checkbox"/> Single<br><input type="checkbox"/> Married<br><input type="checkbox"/> Partnered | <input type="checkbox"/> Single<br><input type="checkbox"/> Married<br><input type="checkbox"/> Partnered |

If you have more than four children, please attach an additional page.

## Emergency Contact Information

|                           | Applicant 1 | Applicant 2 |
|---------------------------|-------------|-------------|
| Emergency Contact Name    |             |             |
| Contact Phone Number      |             |             |
| Relationship to Applicant |             |             |
| Address City, State, Zip  |             |             |
| Dr. Name                  |             |             |
| Dr. Phone                 |             |             |
| Health Care Proxy         |             |             |

## Opportunity for Participation

At B'nai Zion we believe that joining a congregation is a spiritual and emotional commitment. We encourage all congregants to become involved in all aspects of life in our congregational community. In furthering this ideal, we request that upon signing this application you commit to participate in congregational life. Please indicate which of these areas interest you by checking the appropriate box or boxes. Your participation will help strengthen the community and will make your temple experience more meaningful. You will be contacted by a congregant with more information.

- |                                                           |                                                                 |                                       |
|-----------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Adult Learning                   | <input type="checkbox"/> Holiday Celebrations and/or Decoration | <input type="checkbox"/> Singles      |
| <input type="checkbox"/> Budget and Finance               | <input type="checkbox"/> Assisting with office work             | <input type="checkbox"/> Seniors      |
| <input type="checkbox"/> Social Action & Mitzvah Projects | <input type="checkbox"/> Religious School Activities & projects | <input type="checkbox"/> Library      |
| <input type="checkbox"/> Communications & Publicity       | <input type="checkbox"/> Visiting the Sick and Bereaved         | <input type="checkbox"/> Bulletin     |
| <input type="checkbox"/> Maintenance & Building Repair    | <input type="checkbox"/> Sisterhood/Women of Reform Judaism     | <input type="checkbox"/> Fund Raising |
| <input type="checkbox"/> Music – Choir or Instruments     | <input type="checkbox"/> Men's Club                             | <input type="checkbox"/> Youth Group  |
| <input type="checkbox"/> Other? _____                     |                                                                 |                                       |

## Talent and Interest Survey

- |                                      |                                 |                                   |                                    |                                            |                                           |                                          |
|--------------------------------------|---------------------------------|-----------------------------------|------------------------------------|--------------------------------------------|-------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Cooking     | <input type="checkbox"/> Music  | <input type="checkbox"/> Painting | <input type="checkbox"/> Gardening | <input type="checkbox"/> Electrical        | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Israeli Dancing |
| <input type="checkbox"/> Plumbing    | <input type="checkbox"/> Baking | <input type="checkbox"/> Driving  | <input type="checkbox"/> Carpentry | <input type="checkbox"/> Sewing/Needlework | <input type="checkbox"/> Art              | <input type="checkbox"/> Travel          |
| <input type="checkbox"/> Other _____ |                                 |                                   |                                    |                                            |                                           |                                          |

What are your passions? What are your interests?

Is there any other information you feel we should know about you and your family?

I agree to allow B'nai Zion to do a background check on me, if it is deemed necessary. All information will be held strictly confidential. If you consent to a possible background check, for each adult applicant, please provide:

Social Security number: \_\_\_\_\_ Driver's License State \_\_\_\_\_ Number \_\_\_\_\_

The primary source of funding for B'nai Zion Congregation is through dues assessment. The annual membership fee is determined by each member's ability to pay his fair share based on income. No one is barred from membership for lack of ability to pay. There is no distinction of status within the membership.

**I / We** hereby make application for membership in B'nai Zion Congregation and ask that this application be presented for that purpose to the Board of Trustees, in pursuance of the bylaws of the Congregation.

**I / We** have read the Fair Share information, and agree to pay this amount: \$ \_\_\_\_\_.

**I / We** understand that dues are payable annually (our membership year is January through December).

**I/We** plan to pay in  Yearly /  Quarterly /  Monthly installments.

**Applicant 1:** I, \_\_\_\_\_, am applying to become a member of B'nai Zion Congregation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Applicant 2:** I, \_\_\_\_\_, am applying to become a member of B'nai Zion Congregation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return to: B'nai Zion Congregation 245 Southfield Rd., Shreveport, LA 71105 Fax: 318-861-7961 Email: BnaiZion@bellsouth.net