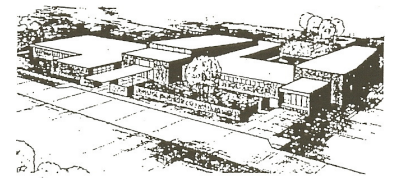


B'NAI ZION CONGREGATION MEMBERSHIP APPLICATION

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 <input type="checkbox"/> Male <input type="checkbox"/> Female	ADULT APPLICANT 2 <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) <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 : <input type="checkbox"/> Accommodations:	<input type="checkbox"/> Specific impairment : <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 <input type="checkbox"/> Orthodox <input type="checkbox"/> Jewish unaffiliated <input type="checkbox"/> Other:	<input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Jewish unaffiliated <input type="checkbox"/> Other:
If you became Jewish as an adult Date, Congregation, City		
Bar/Bat Mitzvah (if applicable) Date, Congregation, City		
Confirmation (if applicable) 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 Before/After sundown	Reminder by Jewish 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 <input type="checkbox"/> Male <input type="checkbox"/> Female	Child 2 <input type="checkbox"/> Male <input type="checkbox"/> Female	Child 3 <input type="checkbox"/> Male <input type="checkbox"/> Female	Child 4 <input type="checkbox"/> Male <input type="checkbox"/> Female
First and middle name				
Last name (if different)				
Preferred name (likes to be called)				
Hebrew name (if known)				
Birth date (and current grade if applicable)				
Address (if not living with you)				
Parent, if other than member (contact info & religion)				
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 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: Date, Congregation, City				
Confirmation: Date, Congregation, City				
If previously attended Religious School, list Congregation and City				
Jewish Camp Experience				
College Attending				
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

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 you to share my contact information with: the North Louisiana Jewish Federation; Agudath Achim

If it is deemed necessary I agree to allow B'nai Zion to do a background check on me. 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 total amount every year: \$ _____.

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