

January 2014

**CONGREGATION B'NAI SHOLOM- BETH DAVID AT TEMPLE B'NAI SHOLOM  
100 HEMPSTEAD AVENUE, ROCKVILLE CENTRE, NEW YORK 11570 (516) 764-4100**

We welcome you to membership in our congregation. In order to serve you better, we ask that you fill out the following membership application. If you are in need of assistance, please do not hesitate to contact us. Thank you.

Individual

Spouse

**Date Joined** \_\_\_\_\_

Name (please print) \_\_\_\_\_

Home Address \_\_\_\_\_

City & State \_\_\_\_\_

Home Telephone \_\_\_\_\_

Email Address \_\_\_\_\_

Occupation \_\_\_\_\_

Bus. Address \_\_\_\_\_

Bus. Telephone \_\_\_\_\_

Marital Status \_\_\_\_\_

Date of Birth \_\_\_\_\_

Anniversary Date \_\_\_\_\_

Jewish  Yes  No  Yes  No

Hebrew Name \_\_\_\_\_

**KOHEN OR LEVY** \_\_\_\_\_

I/We have burial plots at \_\_\_\_\_

Children

Name	Date of Birth	Hebrew Name
_____	_____	_____
_____	_____	_____
_____	_____	_____

Previous Synagogue Affiliation

Name \_\_\_\_\_

Location \_\_\_\_\_

Activities in which you participated \_\_\_\_\_

Memorial Anniversaries

(Only if you wish to be notified)

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

I/We the undersigned do hereby apply for membership in Congregation B'nai Sholom-Beth David. If accepted for membership, I/we will abide by its Constitution and By-Laws and any amendments thereof. My/our check for \$\_\_\_\_\_ should be applied to our first year membership dues of \$\_\_\_\_\_.

I/we understand that there is a building fee of \$600. payable over 3 years, which will be due and payable beginning with the second year of membership.

Signature \_\_\_\_\_ Signature \_\_\_\_\_

**DUES STRUCTURE**

Family up to age 35 .....	\$850	Single.....	\$700
Family, age 35-70 .....	\$1,800	Single (parent & children).....	\$900
Family, over age 70 .....	\$1,100	Associate.....	\$300
Building Fund .....	\$600 (payable over three years)		