



Congregation Beth Israel

PO Box 536, 22 North Orchard Street

Wallingford, CT 06492 • www.BethIsraelWallingford.org

Bruce Alpert, Rabbi
Nancy Huber, Cantor

MEMBERSHIP APPLICATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ E-mail: _____

Spouse's Name: _____

Prior Synagogue Affiliation – Name: _____

Location: _____

Marital Status: Married ___ Single ___ Divorced ___ Widowed ___

Anniversary (if applicable): _____

FEMALE HEAD OF HOUSE

MALE HEAD OF HOUSE

Hebrew Name: _____ Hebrew Name: _____

Mother's Hebrew Name: _____ Mother's Hebrew Name: _____

Date of Birth: _____ Date of Birth: _____

Occupation: _____ Occupation: _____

Can you chant Torah? Yes No Can you chant Torah? Yes No

Marriage Date _____ Cohan ___ Levite ___ Israelite ___

DEPENDENT CHILDREN (English Name, Hebrew Name, Date of Birth)

English Name: _____ Hebrew Name: _____ DOB: _____

English Name: _____ Hebrew Name: _____ DOB: _____

English Name: _____ Hebrew Name: _____ DOB: _____

Congregation Beth Israel warmly welcomes Jewish individuals & families, interfaith and non-traditional.

www.BethIsraelWallingford.org • 203-269-5983



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ADULT CHILDREN Name Address Phone Number

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

YAHREZIT DATA (Name Relationship, Hebrew or English Date of Death)

With which Jewish organizations re you affiliated? _____

List Jewish Interests: _____

List General Interests: _____

How did you hear about Beth Israel? _____



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What are you looking for in a Synagogue? _____

Additional questions or comments: _____

Signature _____

Date _____