



MEMBERSHIP APPLICATION

CONGREGATION B'NAI JEHOSHUA BETH ELOHIM

1201 Lake Cook Road, Deerfield, Illinois 60015

(847) 940-7575 | bjbe@bjbe.org

Type of membership: Married/Family Single Associate Date _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Please include a family photo with your membership application.

	Adult Member A	Adult Member B
Title, first name, middle initial		
Last name		
Preferred name		
Home phone		
Cell phone		
Email		
Second address (<i>if applicable</i>) From: To:		
Occupation/Title		
Place of employment		
Business phone		
Birthdate		
If married, anniversary date		
Religious tradition in which you were raised		
Previous affiliation		

(please complete both sides)

Please list any relatives who are members of the Congregation BJBE community and their relationship to you:

CHILDREN *If you have more than four children, please copy this page and attach additional sheet.*

Name	Preferred name:	Age:
Birthdate: / /	Gender:	School grade:
Name	Preferred name:	Age:
Birthdate: / /	Gender:	School grade:
Name	Preferred name:	Age:
Birthdate: / /	Gender:	School grade:
Name	Preferred name:	Age:
Birthdate: / /	Gender:	School grade:

Yahrzeits *Please list those family members whose Yahrzeit (anniversary of death) you would like us to remember.*

Name	Relationship	Date of death (please list the secular date)

Would you prefer that your loved ones are remembered on the Secular or Hebrew anniversary of their death? Secular Hebrew