



For Office Use Only
Received _____
Others Notified _____
ShulSuite _____

## New Member Information

Welcome to Congregation Beth Israel. We are delighted you have chosen to become part of this community. Please feel free to call upon the clergy, staff, and lay leaders whenever we can help enrich your experience as part of the CBI family.

**Personal Information (Use the tab button to move from field to field; if completing by hand, please print)**

**Adult 1** First and Last Name \_\_\_\_\_ Mr. Ms. Other \_\_\_\_\_

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

Occupation / Title \_\_\_\_\_ Married Single Partnered

Employer \_\_\_\_\_ Work Number \_\_\_\_\_

Personal Pronouns (she, he, they, ze, etc. | learn more [here.](#)): \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Adult 2** First and Last Name \_\_\_\_\_ Mr. Ms. Other \_\_\_\_\_

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

Occupation / Title \_\_\_\_\_ Married Single Partnered

Employer \_\_\_\_\_ Work Number \_\_\_\_\_

Personal Pronouns (she, he, they, ze, etc. | learn more [here.](#)): \_\_\_\_\_ Date of Birth \_\_\_\_\_

Special Accommodations Needed (mobility concerns, physical limitation): If yes, please describe your needs

**Adult 1** \_\_\_\_\_ **Adult 2** \_\_\_\_\_

Please list any relatives who are affiliated with CBI:

\_\_\_\_\_

**Religious Background**

**Adult 1** Reform Conservative Orthodox Jewish Unaffiliated Other \_\_\_\_\_

**Adult 2** Reform Conservative Orthodox Jewish Unaffiliated Other \_\_\_\_\_

Previous Synagogue Attended, if any Adult 1 \_\_\_\_\_

Adult 2 \_\_\_\_\_

**Mailing & Contact Information**

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Adult 1** Home Phone \_\_\_\_\_ Other \_\_\_\_\_ Cell Work Email \_\_\_\_\_

**Adult 2** Home Phone \_\_\_\_\_ Other \_\_\_\_\_ Cell Work Email \_\_\_\_\_

**YES**, I would like to share my contact information with other CBI members in the membership directory.

**NO**, please do not share my contact information with other CBI members.

**Child 1** **Will this child be attending Religious School?** Yes No

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Hebrew Name \_\_\_\_\_ Current Grade \_\_\_\_\_

Living at Home? Yes No Personal Pronouns (she, he, they, ze, etc. | learn more [here.](#)): \_\_\_\_\_

**Child 2** **Will this child be attending Religious School?** Yes No

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Hebrew Name \_\_\_\_\_ Current Grade \_\_\_\_\_

Living at Home? Yes No Personal Pronouns (she, he, they, ze, etc. | learn more [here.](#)): \_\_\_\_\_

**Child 3** **Will this child be attending Religious School?** Yes No

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Hebrew Name \_\_\_\_\_ Current Grade \_\_\_\_\_

Living at Home? Yes No Personal Pronouns (she, he, they, ze, etc. | learn more [here.](#)): \_\_\_\_\_

**Emergency Contact**

Adult 1 Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Adult 2 Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

**Yahrzeits**

The names of your deceased loved ones can be read in services the Shabbat before the Yahrzeit date (the anniversary of death).

1. First Name / Last Name \_\_\_\_\_ Relationship \_\_\_\_\_

Hebrew Name \_\_\_\_\_ Observe Hebrew or Secular Date

Observed by: Adult 1 Adult 2 Date of Death (mm/dd/yyyy) \_\_\_\_\_

2. First Name / Last Name \_\_\_\_\_ Relationship \_\_\_\_\_

Hebrew Name \_\_\_\_\_ Observe Hebrew or Secular Date

Observed by: Adult 1 Adult 2 Date of Death (mm/dd/yyyy) \_\_\_\_\_

3. First Name / Last Name \_\_\_\_\_ Relationship \_\_\_\_\_

Hebrew Name \_\_\_\_\_ Observe Hebrew or Secular Date

Observed by: Adult 1 Adult 2 Date of Death (mm/dd/yyyy) \_\_\_\_\_

4. First Name / Last Name \_\_\_\_\_ Relationship \_\_\_\_\_

Hebrew Name \_\_\_\_\_ Observe Hebrew or Secular Date

Observed by: Adult 1 Adult 2 Date of Death (mm/dd/yyyy) \_\_\_\_\_

**Member Connections**

CBI is an active community and there are many ways to get involved! Tell us more about your interests below:  
(Column 1 for Adult 1 and Column 2 for Adult 2)

**Adult**  
**1 2**

- Adult Education
- Social Action & Mitzvah Projects
- Music - Choir or Band
- Teaching Tutoring
- Ritual Practice Committee
- Chevra Kadisha
- Membership Committee
- Caring Committee
- Preschool Committee
- Youth Programming
- Tikkun Middot / Mindfulness
- LGBTQ
- Senior Connections

**Adult**  
**1 2**

- Fundraising
- Budget & Finance
- Safety & Security
- Building Maintenance & Repair
- Volunteering in the Office
- Usher / Greeter / Ambassador
- Holiday Celebrations / Decorating
- Gift Shop
- Gardening & Landscaping
- Technology / Computer Support
- Israel Engagement

Please use this space to tell us about your passions, talents and interests:

**Adult 1** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Adult 2** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

One way CBI helps congregants get connected is by including a short biography of new members in our weekly e-announcements. If you would like to be included in this, please use this space below to share your story (eg. Reason for coming to Charlottesville area, career, hometown, what you look forward to participating in at CBI). If you would prefer to be contacted by our Communications and Connections Manager to help write a bio, please check here:

I \_\_\_\_\_ wish to participate in Congregation Beth Israel, making a personal and financial commitment to the support and continuation of this community.

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

**Return this document, along with the Synagogue Support Commitment Form to P.O. Box 320, Charlottesville, VA 22902. Questions? Call (434) 295-6382. You may also fill out this document digitally and send it to [office@cbicville.org](mailto:office@cbicville.org).**