



B'nai Tikvoh-Sholom
Welcomes You!

180 Still Road
Bloomfield, CT 06002
On the Bloomfield/West Hartford Line
Phone: 860-243-3576
Fax: 860-243-9601



B'nai Tikvoh-Sholom New Membership Application

180 STILL ROAD, BLOOMFIELD, CT 06002

PHONE: 860-243-3576 • FAX: 860-243-9601 • EMAIL: www.btsonline.org

Welcome to B'nai Tikvoh-Sholom – We are so glad you are joining us!

TELL US ABOUT YOU & YOUR FAMILY

Adults in Your Household:

Full Name: _____

Birth Date: _____ M F

Occupation: _____

Employer: _____

Single Married Divorced

Widower/Widow Remarried

Address: _____

Daytime Phone: _____

Evening Phone: _____

E-mail: _____

Best way to contact you? _____

Full Name: _____

Birth Date: _____ M F

Occupation: _____

Employer: _____

Single Married Divorced

Widower/Widow Remarried

Address: _____

Daytime Phone: _____

Evening Phone: _____

E-mail: _____

Best way to contact you? _____

Emergency Contact (Name/Phone/Relationship):

HOW DID YOU HEAR ABOUT B'NAI TIKVOH-SHOLOM? _____

VOLUNTEER OPPORTUNITIES AT BTS – WE WELCOME YOUR INVOLVEMENT!

PTO

High Holiday Ushering

Shiva - Chesed

Ways & Means Committee

Social Action Committee

Ritual Committee

Lifelong Learning

Cemetery Committee

Membership Committee

Sisterhood

Men's Club (in formation)

Youth/School

House/Handy(wo)man

So You Like to Cook!

Softball Team

Publicity Committee

Applicants' Name: _____



B'nai Tikvoh-Sholom New Membership Application

180 STILL ROAD, BLOOMFIELD, CT 06002

PHONE: 860-243-3576 • FAX: 860-243-9601 • EMAIL: www.btsonline.org

TELL US ABOUT YOUR CHILDREN

Secular name: _____ Jewish name: _____

Birthdate: _____ M F Grade: _____

School (or) Jewish School: _____ Graduated in _____

College: _____ Graduated in _____

Hobbies/Sports: _____

*Allergies or medical conditions: _____

Jewish activity interests: _____

Born Jewish? Converted to Judaism?

Had a Bar/Bat Mitzvah? No Yes If yes, Bar/Bat Mitzvah portion/year: _____

Secular name: _____ Jewish name: _____

Birthdate: _____ M F Grade: _____

School (or) Jewish School: _____ Graduated in _____

College: _____ Graduated in _____

Hobbies/Sports: _____

*Allergies or medical conditions: _____

Jewish activity interests: _____

Born Jewish? Converted to Judaism?

Had a Bar/Bat Mitzvah? No Yes If yes, Bar/Bat Mitzvah portion/year: _____

Secular name: _____ Jewish name: _____

Birthdate: _____ M F Grade: _____

School (or) Jewish School: _____ Graduated in _____

College: _____ Graduated in _____

Hobbies/Sports: _____

*Allergies or medical conditions: _____

Jewish activity interests: _____

Born Jewish? Converted to Judaism?

Had a Bar/Bat Mitzvah? No Yes If yes, Bar/Bat Mitzvah portion/year: _____

Emergency Contact for Children (Name/phone/relationship?): _____

Applicants' Name: _____



B'nai Tikvoh-Sholom New Membership Application

180 STILL ROAD, BLOOMFIELD, CT 06002

PHONE: 860-243-3576 • FAX: 860-243-9601 • EMAIL: www.btsonline.org

RITUAL INFORMATION

Name: _____

Name: _____

Were you born Jewish? _____

Were you born Jewish? _____

Was your mother Jewish? _____

Was your mother Jewish? _____

Are you a convert to Judaism? _____

Are you a convert to Judaism? _____

Your Jewish name: _____

Your Jewish name: _____

Father's Jewish name: _____

Father's Jewish name: _____

Mother's Jewish name: _____

Mother's Jewish name: _____

Was either parent a Cohen? Levi? Yisrael?

Was either parent a Cohen? Levi? Yisrael?

Previous synagogue member? Yes No

Previous synagogue member? Yes No

Synagogue name: _____

Synagogue name: _____

If member previously at another synagogue, were building fund dues paid by you? _____

Jewish organizational affiliations? _____

Can you: Lead services? Yes No

Read: Torah? Yes No

Haftarah? Yes No

Megillot? Yes No

Gabai? Yes No

Lead Minyan? Yes No

Give a d'var Torah? Yes No

Minyan: BTS has minyan Sunday-Thursday evenings. Could you commit to attend minyan once or twice (of course, more would be wonderful!) a month? If so, which night(s) would you prefer:

Su M T W Th We will contact you to further discuss.

Family Yahrzeits

Name of Deceased	Related to	Hebrew Name	Secular Date	Hebrew Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Applicants' Name: _____



B'nai Tikvoh-Sholom New Membership Application

180 STILL ROAD, BLOOMFIELD, CT 06002

PHONE: 860-243-3576 • FAX: 860-243-9601 • EMAIL: www.btsonline.org

Would you want to purchase a Memorial Plaque in our synagogue? Yes No

Do you own a cemetery plot? Yes No If yes, where? _____

If not, would you like to speak with someone with regard to purchasing a plot in one of our cemeteries?

Yes No

IMPORTANT DATES IN YOUR FAMILY'S LIFE

Anniversary: _____ Birthday(s): _____

Other important occasions you wish to mention: _____

JEWISH LIFELONG LEARNING INTERESTS

Which following subjects are of interest to you?

Bible Prayer Jewish Arts Jewish Literature Learning to lead Services

Learning to Read Torah Hebrew language Yiddish Club Talmud

Jewish Life Adult Bar/Bat Mitzvah Other: _____

TELL US MORE...

Please tell us about your skills or hobbies: _____

Would you be willing to volunteer your time to a synagogue project?

Yes, for the right project evenings only

daytime only at home only for Religious School

WHAT HAVE WE MISSED?

Please use this space to elaborate on the information you provided on the preceding pages, if you would like. We are very happy to hear your ideas and suggestions!

Applicants' Name: _____



B'nai Tikvoh-Sholom New Membership Application

180 STILL ROAD, BLOOMFIELD, CT 06002

PHONE: 860-243-3576 • FAX: 860-243-9601 • EMAIL: www.btsonline.org

Allergies/medical conditions/special needs or other important information you want to tell us:

Name: _____ Condition: _____

Name: _____ Condition: _____

If there is more information you would like to include, please do so on a separate page.

I/We hereby make application for membership in Congregation B'nai Tikvoh-Sholom, and agree to abide by its bylaws.

Signed _____ Date _____

Signed _____ Date _____

FOR OFFICE USE ONLY:

Date App. Received (Date): _____ Membership Category _____

Membership Dues \$ _____ Religious School Tuition \$ _____

Building Fund \$ _____

Applicants' Name: _____