

# CONGREGATION B'NAI ISRAEL

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## Associate Membership Application

**\*Please Note:** Associate Membership does not include High Holy Day Tickets or Religious School Privileges

Welcome to the B'nai Israel family! We hope you will enjoy the many activities and workshops we offer. Please complete this application and return to the above address.

Date \_\_\_\_\_  
Name(s) \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Tel. # \_\_\_\_\_ Cell # \_\_\_\_\_  
Email \_\_\_\_\_

## Primary Affiliation

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Date of affiliation \_\_\_\_\_

Please complete the following information for the Jewish adult(s) applying for membership.

Full Name (include birth name) \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth \_\_\_\_\_  
Occupation \_\_\_\_\_  
Business Name and Address \_\_\_\_\_  
Business Telephone \_\_\_\_\_

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Full Name (include birth name) \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth \_\_\_\_\_

Occupation \_\_\_\_\_

Business Name and Address \_\_\_\_\_

\_\_\_\_\_ Business Telephone \_\_\_\_\_

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

Father's Hebrew Name \_\_\_\_\_

Mother's Hebrew Name \_\_\_\_\_

Jewish by Birth to Jewish Mother: ( ) Cohen ( ) Levi ( ) Israelite  
( ) Bat Cohen ( ) Bat Levi ( ) Israelite

Jewish by Choice:

Conversion Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Conversion Rabbi \_\_\_\_\_

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

Father's Hebrew Name \_\_\_\_\_

Mother's Hebrew Name \_\_\_\_\_

Jewish by Birth to Jewish Mother: ( ) Cohen ( ) Levi ( ) Israelite  
( ) Bat Cohen ( ) Bat Levi ( ) Israelite

Jewish by Choice:

Conversion Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Conversion Rabbi \_\_\_\_\_

Religious Background \_\_\_\_\_

Religious Education \_\_\_\_\_

I can chant Torah ( ) Haftarah ( ) Lead Service ( )