

WELCOME — BARUCH HABA!

Congregation Beth Israel welcomes all who wish to be a part of this dynamic, vital, and modern Reform Jewish congregation. Established in 1854, we have a rich and varied history and legacy to share. We strive to be a warm, welcoming and inclusive community dedicated to the values of our faith: Worship, Torah Study, Lifelong Education, Social Justice, and Community.

Our extended congregational family is committed to getting to know you and meeting your needs. You will find your membership will open many doors to discovering a rich and meaningful Jewish experience.

Beth Israel offers something for everyone, no matter where you are in life. Choose from a variety of worship, community, social action, and learning opportunities that appeal to young and old, and all those in between. As you explore our many offerings, worship with us, join us for any of our exciting programs, check out our website for the latest news, and discover the richness of our heritage and community.

As our Senior Rabbi David Lyon says, "Congregation Beth Israel is large enough to offer extraordinary opportunities and small enough to care deeply about you and your family". We welcome you to the Beth Israel Family.

A MESSAGE FROM SENIOR RABBI DAVID A. LYON

Shalom! I'm so pleased to welcome you to Congregation Beth Israel. As you learn more about our congregational family, it's my hope that you'll ask questions, inquire about participation, and feel comfortable to call me for a personal visit.

Congregation Beth Israel has a long and rich history in Houston. The oldest synagogue in Texas, its members were leading builders of our city. Beth Israel continues to lead the way in innovative programming and worship for modern Reform Jews. In our congregational family, you are welcome to enjoy worship, study, social and community activities. Jewish and non-Jewish family members, alike, engage in helping build strong bonds to enduring Jewish values, rituals and deeds.

I often say that I like to meet you where you are on the path of Jewish experience. From there, we'll walk together in all the ways we can make Jewish life relevant, meaningful and joyful.

My wife, Lisa, and our four children, look forward to being with you. On behalf of all our rabbis, cantor and educators, welcome to Beth Israel.

L'Shalom,
Rabbi David A. Lyon



Congregation Beth Israel

5600 North Braeswood Boulevard ■ Houston, Texas 77096-2901
Temple Offices: (713) 771-6221 Fax: (713) 771-5705
www.beth-israel.org

MEMBERSHIP RECORD

Please complete and return this form to the Membership Office. **All information you share with us will be confidential.** We hope that your affiliation will be long and fulfilling!

Member A: Mr. Mrs. Ms. Miss Dr. Other: _____

Last Name: _____ First Name: _____

Middle Name: _____ Preferred/Nickname: _____

Hebrew Name: _____ Birthdate: _____

Jewish Religion practiced (if not Jewish) _____ Considering Conversion

Male Female

Email Address: _____

Do you wish to receive Temple-wide emails? Yes No

Do you wish to receive the Temple Bulletin via email? Yes No

Do you wish to receive personal emails from the synagogue? Yes No

Retired? Yes No Occupation now or before retirement: _____

Employer: _____

Business Address: _____

Business Phone: (____) _____ Cell Phone: (____) _____

Member B: Mr. Mrs. Ms. Miss Dr. Other: _____

Last Name: _____ First Name: _____

Middle Name: _____ Preferred/Nickname: _____

Hebrew Name: _____ Birthdate: _____

Jewish Religion practiced (if not Jewish) _____ Considering Conversion

Male Female

Email Address: _____

Do you wish to receive Temple-wide emails? Yes No

Do you wish to receive the Temple Bulletin via email? Yes No

Do you wish to receive personal emails from the synagogue? Yes No

Retired? Yes No Occupation now or before retirement: _____

Employer: _____

Business Address: _____

Business Phone: (____) _____ Cell Phone: (____) _____

Residence Address: _____

City/State/Zip: _____

Home Phone: (____) _____ Home Fax: (____) _____

Marital Status: Single Married Date of Marriage: _____
 Life Partner Divorced Widowed

How would you like your name(s) listed on our mailing list? (For example, Mr. And Mrs. Alan Jones, Alan and Shirley Jones, Mr. Alan Jones and Ms. Shirley Jones)

IN CASE OF EMERGENCY, THE TEMPLE SHOULD NOTIFY:

Name: _____ Relationship: _____
Business Phone: (____) _____ Home Phone: (____) _____ Cell Phone: (____) _____

MISCELLANEOUS INFORMATION:

Please indicate physical limitations or special needs of members of your household that the Congregation's programs and facilities might better accommodate.

Vision Hearing Mobility Shut-in Disabled

Other (please specify): _____

PLEASE LIST SCHOOL AGE CHILDREN (Attach a separate sheet of paper if additional space is required.)

CHILD 1: Last Name: _____ First: _____ Middle: _____

Birthdate: _____ Male Female Email: _____ Hebrew Name: _____

School Name: _____ School District/City: _____ Grade: _____

- Do you plan to enroll your child in our Religious School? Yes No ■ Has your child attended Religious School? Yes No
- Are you interested in a *Bar/Bat Mitzvah*? Yes No ■ If yes, how many years of Hebrew instruction? _____
- Do you plan to enroll your child in our Preschool? Yes No ■ Do you plan to enroll your child in our Day School? Yes No

CHILD 2: Last Name: _____ First: _____ Middle: _____

Birthdate: _____ Male Female Email: _____ Hebrew Name: _____

School Name: _____ School District/City: _____ Grade: _____

- Do you plan to enroll your child in our Religious School? Yes No ■ Has your child attended Religious School? Yes No
- Are you interested in a *Bar/Bat Mitzvah*? Yes No ■ If yes, how many years of Hebrew instruction? _____
- Do you plan to enroll your child in our Preschool? Yes No ■ Do you plan to enroll your child in our Day School? Yes No

CHILD 3: Last Name: _____ First: _____ Middle: _____

Birthdate: _____ Male Female Email: _____ Hebrew Name: _____

School Name: _____ School District/City: _____ Grade: _____

- Do you plan to enroll your child in our Religious School? Yes No ■ Has your child attended Religious School? Yes No
- Are you interested in a *Bar/Bat Mitzvah*? Yes No ■ If yes, how many years of Hebrew instruction? _____
- Do you plan to enroll your child in our Preschool? Yes No ■ Do you plan to enroll your child in our Day School? Yes No

FAMILY/FRIENDS AFFILIATED WITH CONGREGATION BETH ISRAEL

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

DO YOU HAVE LOVED ONES WHOSE NAMES YOU WOULD LIKE PLACED ON OUR YAHRZEIT LIST?
 Please list the names and dates of death for your loved ones for whom you wish to receive Yahrzeit (remembrance) notices.

NAME OF DECEASED	RELATIONSHIP	DATE OF DEATH
1. _____ / _____ / _____		
2. _____ / _____ / _____		
3. _____ / _____ / _____		
4. _____ / _____ / _____		
5. _____ / _____ / _____		
6. _____ / _____ / _____		
7. _____ / _____ / _____		
8. _____ / _____ / _____		

Would you like to be contacted about purchasing a plaque on our Memorial Wall? Yes No

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

If not, would you like to be contacted by our cemetery representative? Yes No

HOW DID YOU FIND US?

Were you referred to Congregation Beth Israel? Yes No If yes, by whom: _____

If not, how did you hear about Congregation Beth Israel? _____

Name of previous Congregational affiliation: _____

City/State: _____ Year you left: _____

I/We hereby apply for membership at Congregation Beth Israel.

I/We acknowledge that the membership contribution has been explained.

I/We propose a Fair Share Commitment in the amount of \$ _____.

MEMBER A:	MEMBER B:
Signature: _____	Signature: _____
Date: _____	Date: _____

We ask that you include a minimum of two months of your Fair Share Commitment with this application.

If you are applying between July 1 and October 1 we ask for a minimum of three months of Fair Share Commitment

Please turn the page to complete the Membership Record Supplement detailing activities and programs that we hope will be of interest to your family.

MEMBERSHIP RECORD SUPPLEMENT

A copy of this activities and programs interest sheet will be provided to the CBI Program Office, and you will be contacted regarding the programs in which you have indicated interest. We would appreciate your assistance in, again, providing the contact information requested below. Please help us help you become an active participant in the Beth Israel family.

MEMBER A:

Mr. Mrs. Ms. Miss Dr. Other: _____

Name: _____

Preferred phone number(s) where we can contact you regarding programs in which you are interested:
(____) _____ (____) _____

Email Address: _____

MEMBER B:

Mr. Mrs. Ms. Miss Dr. Other: _____

Name: _____

Preferred phone number(s) where we can contact you regarding programs in which you are interested:
(____) _____ (____) _____

Email Address: _____

ACTIVITIES & PROGRAMS OFFERED BY CONGREGATION BETH ISRAEL

Your involvement is the key to a meaningful experience. Volunteers are vital. Please complete this sheet and become an active, involved member. There is a group/activity/program waiting for you to join!

PLEASE ✓ CHECK AREAS OF INTEREST

SPECIAL INTERESTS	Member A	Member B	GROUPS YOU CAN JOIN	Member A	Member B
Youth Activities			YAGA (young adult social group)		
Adult Education			Brotherhood		
Festival & Holiday Celebrations			Sisterhood		
Facilities Use			Leisure Club		
Social Action Tikkun Olam/Repairing the World			Community Concerns (reaching out to those in need in the community)		
Outreach (for interfaith families, those contemplating conversion or intermarriage, and Jews by Choice)			Marketing, Communications		
Judaica Shop			Ritual & Music Committee		
Library Volunteer			Hospital Visitation Committee		
Office Volunteer			Building Maintenance		
School Volunteer	<input type="checkbox"/> Preschool <input type="checkbox"/> Day School <input type="checkbox"/> Religious School	<input type="checkbox"/> Preschool <input type="checkbox"/> Day School <input type="checkbox"/> Religious School	Finance, Audit		
Other (please describe: _____ _____ _____)			Membership	<input type="checkbox"/> Recruitment <input type="checkbox"/> Retention <input type="checkbox"/> Integration	<input type="checkbox"/> Recruitment <input type="checkbox"/> Retention <input type="checkbox"/> Integration

NEW MEMBER AMBASSADOR PROGRAM

Congregation Beth Israel is proud to offer its New Member Ambassador Program to any new members interested in being matched with another Beth Israel family with similar interests and backgrounds. What a great way to get involved, meet other members and families like yourselves and immediately begin feeling part of our extended Beth Israel Family.

If you are interested, please let us know the best way to contact you by:

Phone _____ and email _____.

We look forward to getting to know you and to many years of mutual friendship and fellowship as part of our Beth Israel Family.