



Congregation Beth Israel at the Tri-City Jewish Center

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 office@tricityjewishcenter.org
 www.tricityjewishcenter.org

Membership Application

Date _____

Name(s) _____

Home Address _____ Zip _____

Home Phone _____ Email Address _____

Marital Status: Single _____ Married/Partnered _____ Widowed _____ Divorced _____

Primary Member (or Single Member)

Spouse/Partner

Name _____

Name _____

Date of Birth _____

Date of Birth _____

Bar/Bat Mitzvah Date _____

Religious Affiliation _____

Hebrew Name _____

Hebrew Name (if Jewish) _____

Kohen _____ Levi _____ Yisrael _____

Kohen _____ Levi _____ Yisrael _____

Occupation _____

Occupation _____

Company Name _____

Company Name _____

Business Address _____

Business Address _____

Business Phone _____

Business Phone _____

Cell Phone _____

Cell Phone _____

Children

Name	Hebrew Name	Gender	Birth date	Grade	Religious School Grade
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____

Yahrzeit

Name	Relationship	Date/Month/Year	*Hebrew Date
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

(*If English month, day and year are listed, we will fill in Hebrew dates)

Previous Synagogue Affiliation

Synagogue _____ Join Date _____
City _____ Resign Date _____
Orthodox _____ Conservative _____ Reform _____ Non-Affiliated _____

Committees (please check those in which you are interested)

_____ Sisterhood _____ Men's Club _____ School Board
_____ Budget and Finance _____ Public Relations _____ Membership
_____ Building _____ Special Events _____ Library/Office
_____ Youth _____ Usher _____ Legal and By-Laws

Volunteer Activities/Interests (please check those in which you are interested)

_____ Labeling/Mailing _____ Religious Ed. Teacher _____ Religious Ed. Substitute
_____ Baking _____ Cooking for Shabbat Dinners _____ Gift Shop
_____ Lead Services _____ Chant Torah/Haftorah _____ Chant Kiddush

Any other information about you and your family that you would like us to know

Signature of Applicant Date

Signature of Applicant Date