



## **Membership Application**

Welcome to Congregation Beth Israel! We are delighted that you have chosen to become part of our community. We hope that you will find membership an enriching experience and encourage you to explore the diverse opportunities for Jewish expression that CBI offers.

All information in this application will be treated confidentially. Completed applications can be mailed to 53 Lois Street in North Adams, dropped off in person, or emailed to our office at [office@cbiberkshires.com](mailto:office@cbiberkshires.com). Please print or type all information clearly. For questions and assistance regarding this application, please call our office at (413) 663-5830 or email [office@cbiberkshires.com](mailto:office@cbiberkshires.com).

***By signing below, you agree to abide by the by-laws, rules, and regulations of Congregation Beth Israel.***

**Adult #1** \_\_\_\_\_ **Adult #2** \_\_\_\_\_  
Signature Date Signature Date

### **Adult Applicant #1**

**Full Name (First & Last)** \_\_\_\_\_ **Gender** \_\_\_\_\_

**Title (optional)** ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Mx. ☐ Dr. ☐ Other \_\_\_\_\_ **Pronouns** \_\_\_\_\_

**Date of Birth (MM / DD / YYYY)** \_\_\_\_\_

**Cell Phone Number** \_\_\_\_\_ ☐ Primary contact ☐ I do not want this listed in CBI's directory

**Email** \_\_\_\_\_ ☐ Primary contact ☐ I do not want this listed in CBI's directory

**Do you want to receive CBI's monthly newsletter by email?** ☐ Yes ☐ No

**Do you require any accessibility or health-related accommodations?** ☐ Yes ☐ No

**If yes, briefly tell us what specific accommodations you're requesting** \_\_\_\_\_

**Are you Jewish? (Regardless if by birth or conversion)** ☐ Yes ☐ No ☐ Planning to Convert

*If you're planning to convert, please contact Rabbi Rachel Barenblat ([rabbi@cbiberkshires.com](mailto:rabbi@cbiberkshires.com)) for more information*

**Jewish Name (Transliterated)** \_\_\_\_\_

*If known, please include first names of both parents (i.e. Yosef ben Dan v'Chaya)*

**Religious Background(s)** ☐ Reform ☐ Conservative ☐ Orthodox ☐ Jewish (Unaffiliated) ☐ None

☐ Other \_\_\_\_\_

**Are you able to read Hebrew?** ☐ Yes ☐ Transliterations Only ☐ No

**Non-Applicant Emergency Contact** \_\_\_\_\_

**Relationship** \_\_\_\_\_ **Phone Number** \_\_\_\_\_ ☐ Home ☐ Cell ☐ Work

**Adult Applicant #2**

Full Name (First &amp; Last) \_\_\_\_\_ Gender \_\_\_\_\_

Title (optional) ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Mx. ☐ Dr. ☐ Other \_\_\_\_\_ Pronouns \_\_\_\_\_

Date of Birth (MM / DD / YYYY) \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ ☐ Primary contact ☐ I do not want this listed in CBI's directoryEmail \_\_\_\_\_ ☐ Primary contact ☐ I do not want this listed in CBI's directoryDo you want to receive CBI's monthly newsletter by email? ☐ Yes ☐ NoDo you require any accessibility or health-related accommodations? ☐ Yes ☐ No

If yes, briefly tell us what specific accommodations you require \_\_\_\_\_

Are you Jewish? (Regardless if by birth or conversion) ☐ Yes ☐ No ☐ Planning to ConvertIf you're planning to convert, please contact Rabbi Rachel Barenblat ([rabbi@cbiberkshires.com](mailto:rabbi@cbiberkshires.com)) for more information

Jewish Name (Transliterated) \_\_\_\_\_

If known, please include first names of both parents (i.e. Yosef ben Dan v'Chaya)

Religious Background(s) ☐ Reform ☐ Conservative ☐ Orthodox ☐ Jewish (Unaffiliated) ☐ None☐ Other \_\_\_\_\_Are you able to read Hebrew? ☐ Yes ☐ Transliterations Only ☐ No

Non-Applicant Emergency Contact \_\_\_\_\_

Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_ ☐ Home ☐ Cell ☐ Work

Relationship to Adult Applicant #1 \_\_\_\_\_

If married, when is your wedding anniversary? (MM / DD / YYYY) \_\_\_\_\_

※ If more than two adults are applying for membership, please contact our office for assistance

Please list any past or current synagogue memberships (including synagogue name, location, &amp; dates)

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Do you have children living at home? ☐ Yes ☐ No (If none live at home, please skip the following section)

**Child #1's Full Name (First & Last)** \_\_\_\_\_

**Gender** \_\_\_\_\_ **Pronouns** \_\_\_\_\_ **Date of Birth (MM / DD / YYYY)** \_\_\_\_\_

**Grade (if enrolled)** \_\_\_\_\_ **Interested in Jewish Journeys classes?** ☐ Yes ☐ No ☐ In Future

**Child #2's Full Name (First & Last)** \_\_\_\_\_

**Gender** \_\_\_\_\_ **Pronouns** \_\_\_\_\_ **Date of Birth (MM / DD / YYYY)** \_\_\_\_\_

**Grade (if enrolled)** \_\_\_\_\_ **Interested in Jewish Journeys classes?** ☐ Yes ☐ No ☐ In Future

**Child #3's Full Name (First & Last)** \_\_\_\_\_

**Gender** \_\_\_\_\_ **Pronouns** \_\_\_\_\_ **Date of Birth (MM / DD / YYYY)** \_\_\_\_\_

**Grade (if enrolled)** \_\_\_\_\_ **Interested in Jewish Journeys classes?** ☐ Yes ☐ No ☐ In Future

**Child #4's Full Name (First & Last)** \_\_\_\_\_

**Gender** \_\_\_\_\_ **Pronouns** \_\_\_\_\_ **Date of Birth (MM / DD / YYYY)** \_\_\_\_\_

**Grade (if enrolled)** \_\_\_\_\_ **Interested in Jewish Journeys classes?** ☐ Yes ☐ No ☐ In Future

※ If your family has more than four children living at home, please contact our office for assistance

**Non-Applicant Emergency Contact** \_\_\_\_\_

**Relationship to Child(ren)** \_\_\_\_\_ **Phone Number** \_\_\_\_\_ ☐ Home ☐ Cell ☐ Work

**Additional Comments (optional)** \_\_\_\_\_

**Please list any previous Hebrew School enrollments (including child, synagogue name, & location)**

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### **Yahrzeit Information**

| <b>Full Name</b>         | <b>Relationship</b> | <b>Member Observing</b> | <b>Date of Death (Gregorian or Jewish)</b> |
|--------------------------|---------------------|-------------------------|--|
| <i>Example: John Doe</i> | <i>Father</i>       | <i>Jane Doe</i>         | <i>09/23/1975 or Tishrei 18, 5736</i>      |
|                          |                     |                         |  |
|                          |                     |                         |  |
|                          |                     |                         |  |
|                          |                     |                         |  |
|                          |                     |                         |  |
|                          |                     |                         |  |
|                          |                     |                         |  |

※ If you have additional names to list for yahrzeit, please contact our office for assistance

**Contact Information**

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ ☐ I do not want this listed in CBI's directoryHome Phone Number \_\_\_\_\_ ☐ Primary contact ☐ I do not want this listed in CBI's directory

Mailing Address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ ☐ I do not want this listed in CBI's directory

Seasonal Address (if applicable) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ ☐ I do not want this listed in CBI's directoryDates Occupied \_\_\_\_\_ ☐ Send mail to this address during the dates listedMedical Contact \_\_\_\_\_ ☐ Dr. ☐ RN ☐ PA ☐ LPN ☐ Other \_\_\_\_\_

Practice Name \_\_\_\_\_ Phone Number \_\_\_\_\_

How did you hear about CBI? \_\_\_\_\_

Do you have any relatives or friends who are members of CBI? ☐ Yes \_\_\_\_\_ ☐ No**What led you to join our synagogue? *Please check all that apply***

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> CBI's Community  | <input type="checkbox"/> Cemetery Planning       | <input type="checkbox"/> Events & Programming | <input type="checkbox"/> Family Connection |
| <input type="checkbox"/> Holiday Celebrations   | <input type="checkbox"/> Jewish Journeys Classes | <input type="checkbox"/> Jewish Learning      | <input type="checkbox"/> New to Area       |
| <input type="checkbox"/> Our Rabbi  | <input type="checkbox"/> Shabbat Services        | <input type="checkbox"/> Spiritual Life       | <input type="checkbox"/> Volunteering      |
| <input type="checkbox"/> Upcoming Life Cycle Event ( <i>B-Mitzvah, Wedding, etc</i> ) | <input type="checkbox"/> Other _____             |   |  |

**What do you hope to find in our synagogue's community?** \_\_\_\_\_**What committees or volunteer opportunities interest you? *(Please check all that apply)***

- |  |   |  |   |  |
|--|---|--|---|--|
| <input type="checkbox"/> Adult Education   | <input type="checkbox"/> Building & Grounds   | <input type="checkbox"/> Cemetery      | <input type="checkbox"/> Chevra Kadisha | <input type="checkbox"/> Event Planning        |
| <input type="checkbox"/> Family Education  | <input type="checkbox"/> Fundraising & Grants | <input type="checkbox"/> High Holidays | <input type="checkbox"/> Library        | <input type="checkbox"/> Membership & Outreach |
| <input type="checkbox"/> PR & Social Media | <input type="checkbox"/> Spiritual Life       | <input type="checkbox"/> Tikkun Olam   | <input type="checkbox"/> Ushering       | <input type="checkbox"/> Zoom Hosting          |

**Are there any other skills or interests that you'd like to share with us? *(Please check all that apply)***

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Arts & Crafts             | <input type="checkbox"/> Band, Choir, & Dance    | <input type="checkbox"/> Chanting Torah      | <input type="checkbox"/> Cooking & Baking |
| <input type="checkbox"/> Driving & Transportation  | <input type="checkbox"/> Gardening & Landscaping | <input type="checkbox"/> Handywork & Repairs | <input type="checkbox"/> Leading Services |
| <input type="checkbox"/> Photography & Videography | <input type="checkbox"/> Teaching Hebrew         | <input type="checkbox"/> Technical Support   | <input type="checkbox"/> Other _____      |

## **CBI MEMBERSHIP FEES**

(as of July 1, 2025)

|                   |  |
|-------------------|--|
| <b>Individual</b> | \$790 annually   |
| <b>Family</b>     | \$1,570 annually   |
| <b>Student</b>    | Free for first year;<br>\$18 for each additional year<br><i>For students aged 18-30 who are enrolled in a full-time undergraduate or graduate program.<br/>(Excludes cemetery &amp; voting privileges.)</i>          |
| <b>Seasonal</b>   | \$670 annually<br><i>For individuals who have a primary residence outside of the local area &amp; reside in the local area for less than four months each year.<br/>(Excludes cemetery &amp; voting privileges.)</i> |
| <b>Associate</b>  | \$480 annually<br><i>For individuals who were previously full members for at least five consecutive years but no longer maintain a local residence.<br/>(Excludes voting privileges.)</i>                            |

★ Higher levels of membership help CBI offer programs to a diverse membership while defraying operating costs & are tax deductible. In appreciation, members at the levels below receive additional benefits.

**Individual Sponsor**    \$1,400 annually  
*Includes free admittance for one person to CBI's Break the Fast & Community Seder celebrations.*

**Family Sponsor**    \$2,800 annually  
*Includes free admittance for two adults & up to three children to CBI's Break the Fast & Community Seder celebrations.*

**Benefactor Sponsor**    \$3,800 annually  
*Includes all benefits of Family Sponsors, plus an invitation to tea with the Rabbi.*

**Fellow Sponsor**    \$5,875 annually  
*Includes all benefits of Benefactor Sponsors, plus a signed poem by Rabbi Rachel Barenblat.*

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※ Please note that all new members are also to contribute to **CBI's Building Fund**, which is used solely for building maintenance and for any expansion that may be necessary for the future growth of our congregation. The assessment is \$1,500, payable over 3 years (\$500/year). Extensions may be granted in cases of need.

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### **I / We are interested in joining CBI at the following level:**

- ☐ **Individual** (\$790/year)
- ☐ **Family** (\$1,570/year)
- ☐ **Student** (\$18/year)
- ☐ **Seasonal** (\$670/year)
- ☐ **Associate** (\$480/year)

- ☐ **Individual Sponsor** (\$1,400/year)
- ☐ **Family Sponsor** (\$2,800/year)
- ☐ **Benefactor Sponsor** (\$3,800/year)
- ☐ **Fellow Sponsor** (\$5,875/year)

### **Please mail billing statements on the following cycle:**

- ☐ Annually (every 12 months)    ☐ Quarterly (every 3 months)    ☐ Biannually (every 6 months)