



Beth Shalom of Whittier

6726 Washington Ave, Whittier, CA 90601

Office: 562-941-8744

MEMBERSHIP APPLICATION/RENEWAL

2024-2025 5784-5785

PLEASE PRINT

1. Last Name _____ First _____

Hebrew Name _____

2. Last Name _____ First _____

Hebrew Name _____

Address _____ City _____ Zip _____

Phone: Home (____) _____ - _____ Work (____) _____ - _____

Cell 1: (____) _____ - _____ Cell 2: (____) _____ - _____

1. E-mail Address: _____ 2. E-mail Address: _____

Cohen 1__ 2__ Levite 1__ 2__

Birth Date: 1. ____ / ____ / 19____ Birth Date 2 . ____ / ____ / 19____

Anniversary Date ____ / ____ / ____

Please send me Yahrzeit Notices for:

_____	D.O.D. _____	Relationship _____
_____	D.O.D. _____	Relationship _____
_____	D.O.D. _____	Relationship _____

I/We request membership at Beth Shalom of Whittier in the following category:

Membership includes High Holidays.

___ Family Membership – One or more Jewish adults and any number of children living at home

___ Senior Membership – A Jewish individual or couple sixty (60) years of age and retired

___ Single/Couple Membership – any Jewish person(s) over the age of 18 and not included in a family membership

___ Associate Membership – Any member of another synagogue who wishes to maintain an affiliation with Beth Shalom. A person who is studying to convert to Judaism. (This category has no voting privileges)

Your membership is enriched when you participate directly in the various activities of the Congregation. Please list your special volunteer interests here.

Signature of Member or Applicant

We do not currently charge membership dues so the only way we have of knowing if you are still members and if your member category has changed is for you to tell us. Please let us know if there are any changes to the above information on file including: phone numbers, email, address, membership category, etc.