

**Congregation Beth David of Narragansett**  
**P.O.Box 3299**  
**Narragansett, R.I. 02882**  
[www.cbdri.org](http://www.cbdri.org)

**Membership Application**

We are very pleased that you have chosen Congregation Beth David of Narragansett. We ask that you carefully complete this application and return it to the address above.

	<b>Member</b>	<b>Member</b>
<b>Title:</b>	<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss
<b>First Name &amp; Initial:</b>		
<b>Last Name:</b>		
	<input type="checkbox"/> Kohen <input type="checkbox"/> Levi. <input type="checkbox"/> Israelite. <input type="checkbox"/> Non-Jewish	<input type="checkbox"/> Kohen <input type="checkbox"/> Levi. <input type="checkbox"/> Israelite. <input type="checkbox"/> Non-Jewish
<b>Marital Status:</b>		
<b>Date of Birth:</b>		
<b>Wedding Anniversary:</b>		
<b>Home Address:</b>	Street:	Street:
	City: State: Zip:	City: State: Zip:
<b>Home Phone Number:</b>		
<b>Cell Phone Number:</b>		
<b>E-Mail Address:</b>		
<b>Job Title/Occupation:</b>		
<b>Business Name:</b>		
<b>Business Address:</b>		
<b>Business Phone Number:</b>		

<b>Out of Town Address:</b>	Street:	Street:
	City: State: Zip:	City: State: Zip:
<b>Out of Town Tel. No.:</b>		
<b>Bar/Bat Mitzvah:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Have You Chanted a Haftorah?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No When did you last read:	<input type="checkbox"/> Yes <input type="checkbox"/> No When did you last read:
<b>Have You Read From the Torah?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No When did you last read:	<input type="checkbox"/> Yes <input type="checkbox"/> No When did you last read:
<b>Hebrew Name: (may be transliterated)</b>	_____	_____
	Ben/Bat _____ <i>(Son of or daughter of) (Father's name) (Mother's name)</i>	Ben/Bat _____ <i>(Son of or daughter of) (Father's name) (Mother's name)</i>

### Dependent Children

Name	Date of Birth	Address	Hebrew Name	Current Grade

### Yahrzeit Record

Name of Deceased	Which Member was the Deceased Related to	Deceased Relationship to Member	Hebrew Name of Deceased	English Date of Death	Hebrew Date of Death

Annual Dues: \_\_\_\_\_

Membership Category \_\_\_\_\_

Check Number \_\_\_\_\_

Bar/Bat Mitzvah Fee (if applicable) \_\_\_\_\_

Date Joined: \_\_\_\_\_

I/We make application for membership in Congregation Beth David of Narragansett and agree to pay the first year's dues as stated above.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

