

**Congregation B'nai Harim
Children of the Mountains
P.O. Box 757
Pocono Pines, PA 18350**



570-646-0100

<http://www.bnaiharimpoconos.org>
<https://www.facebook.com/bnaiharimpoconos>

Reform Jewish Community of the Poconos

APPLICATION FOR MEMBERSHIP

Welcome to B'nai Harim. You will find us a friendly warm family and we are excited that you will be joining us. Learning more about you will help us to provide an enriching experience as we share our love of Torah, Judaism, education and family. All information will be kept confidential.

Adult 1

Name (Last, First, MI): _____

Marital status: Married Single Other _____

Date of Birth: _____ Hebrew name, if you have one: _____

Religious Background

Jewish Denomination _____ Other Denomination _____

Date of Conversion, if applicable _____

Primary Residence:

Street: _____ Apt: _____

City _____ State _____ ZIP: _____

Home Phone: _____ Mobile: _____ Work: _____

Secondary Residence:

Street: _____ Apt: _____

City _____ State _____ ZIP: _____

Home Phone: _____ Mobile: _____ Work: _____

Preferred Phone _____ Preferred Email Address: _____

If Married, Date of Marriage: _____

Adult 2

Name (Last, First, MI): _____

Marital status: Married Single Other _____

Date of Birth: _____ Hebrew name, if you have one: _____

Religious Background

Jewish Denomination _____ Other Denomination _____

Date of Conversion, if applicable _____

Primary Residence:

Street: _____ Apt: _____

City _____ State _____ ZIP: _____

Home Phone: _____ Mobile: _____ Work: _____

Secondary Residence:

Street: _____ Apt: _____

City _____ State _____ ZIP: _____

Home Phone: _____ Mobile: _____ Work: _____

Preferred Phone _____ Preferred Email Address: _____

If Married, Date of Marriage: _____

Children's Information (if applicable)

Please Note: As a member congregation of the Union of Reform Judaism, it is our policy that a child enrolled in the **Congregation B'nai Harim** religious school is exclusively attending a Jewish Supplemental religious school; i.e. there is no other religious school education being provided.

Child 1

Name (Last, First, MI): _____ Nickname: _____

Child lives with: Both Parents One Parent _____ Other _____

Date of Birth: _____ Bar/Bat Mitzvah Y N Date: _____

Hebrew Name: _____ School Name: _____ Grade: _____

Will your child be attending our religious school? Yes No Does your child have any special needs?

Child 2

Name (Last, First, MI): _____ Nickname: _____

Child lives with: Both Parents One Parent _____ Other _____Date of Birth: _____ Bar/Bat Mitzvah Y N Date: _____

Hebrew Name: _____ School Name: _____ Grade: _____

Will your child be attending our religious school? Yes No Does your child have any special needs?
_____**Child 3**

Name (Last, First, MI): _____ Nickname: _____

Child lives with: Both Parents One Parent _____ Other _____Date of Birth: _____ Bar/Bat Mitzvah Y N Date: _____

Hebrew Name: _____ School Name: _____ Grade: _____

Will your child be attending our religious school? Yes No Does your child have any special needs?
_____**Tell Us about You**

How did you hear about B'nai Harim? _____

If you belong to another synagogue, which one? _____

What led you to join B'nai Harim? _____
_____**Yahrzeit Observance:**

Congregation B'nai Harim will read the names of loved ones who are no longer with us on the anniversary of their death. Please provide either the English or Hebrew Date of death. If you wish to observe the Hebrew Date and cannot recall it, we can determine it for you from the English Date. Please mark "please provide" in the Hebrew Date column below. You will be notified of the date of your loved ones' Yahrzeit(s).

Name (Last, First)	Relationship and to whom related	English Date of Death	Hebrew Date of Death

Please use another sheet of paper if you have others you would like to add to this list. If you want us to send a Yahrzeit notice to other members of your family, please provide us with their name, address and relationship to the deceased.

Please send me information about purchasing a Memorial Plaque.

What Do You Want From B'nai Harim?

What are the most important aspects of synagogue life for you? Please rate the importance of each of the following: (**A** is very important, **B** is moderately important, **C** is not important)

	Adult 1			Adult 2		
Activities for Mature Adults	A	B	C	A	B	C
Adult Education	A	B	C	A	B	C
Art/Poetry/Lecture Group	A	B	C	A	B	C
Book Club/Movies	A	B	C	A	B	C
Children's Jewish Education	A	B	C	A	B	C
Events for Young Families	A	B	C	A	B	C
High Holy Days Services	A	B	C	A	B	C
Shabbat Services	A	B	C	A	B	C
Social Activities	A	B	C	A	B	C

We hope that you will participate in many of B'nai Harim's activities. If you feel comfortable, please tell us what the adults in the household do for a living, so we know what skills you might possess that would be helpful to our congregation?

Professions: Adult 1: _____ Adult 2: _____

What are your talents or interests? Please check and indicate with your first name, and you will be contacted:

- | | |
|--|--|
| <input type="checkbox"/> Adult education | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Budget & finance | <input type="checkbox"/> Religious school |
| <input type="checkbox"/> Building and grounds | <input type="checkbox"/> Ritual |
| <input type="checkbox"/> Events & activities | <input type="checkbox"/> Shabbat greeter |
| <input type="checkbox"/> 50+ /Empty Nesters | <input type="checkbox"/> Shabbat Kiddush preparation |
| <input type="checkbox"/> Fundraising/development | <input type="checkbox"/> Social Action/Tikkun Olam |
| <input type="checkbox"/> Hesed – kindness in times of need | <input type="checkbox"/> Strategic planning |
| <input type="checkbox"/> Interfaith events | <input type="checkbox"/> Technology / web skills |
| <input type="checkbox"/> Membership | <input type="checkbox"/> Youth programming |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Other _____ |

What do you most hope to contribute to your synagogue? (Planning and carrying out activities? Teaching? Raising/contributing money?) Other?

I/We wish to apply for membership in Congregation B'nai Harim and agree to pay annual dues, fees and any assessment as fixed by the Board of Trustees during my/our membership.

Membership Category	Amount	Quarterly
<input type="checkbox"/> Full Family	\$836.00	\$209.00
<input type="checkbox"/> Full Single	\$600.00	\$150.00
<input type="checkbox"/> Associate Family*	\$500.00	\$125.00
<input type="checkbox"/> Associate Single*	\$400.00	\$100.00

*Associate Membership only available to those who are not full-time residents of the Poconos. There are no voting privileges and Associate members pay half-price for High Holiday Tickets. The fees for High Holiday tickets for Associate Members are \$50 per person for both Rosh Hashanah and Yom Kippur services. Full Members do not pay for High Holiday Tickets.

If you would like to discuss dues, please leave a message for the President at (570) 646-0100

Billing Address:

Street: _____ Apt: _____
City _____ State _____ Zip: _____
Home Phone: _____ Mobile: _____ Work: _____

AGREEMENT

I/We hereby apply for membership in **Congregation B'nai Harim**, and if I/we become a member, I/we agree to abide by the By-Laws, rules and regulations of the Congregation.

Adult 1
Signed: _____ Date: _____

Adult 2
Signed: _____ Date: _____

Your check for not less than one-half annual dues *must* accompany this application. Future fees will be billed annually based on a calendar year and are pro-rated for those who join mid-year. Dues may be paid quarterly as specified above.