

CONGREGATION BETH SHALOM

500 West Green Meadows Rd. Columbia, Missouri
(573) 499-4855 ~ www.cbsmo.org

ק"ק בית שלום

Shalom! Thank you for your recent inquiry into membership with Congregation Beth Shalom. Enclosed you will find a membership application, a pledge form, and an optional photo release form.

You'll find that our congregation offers a variety of religious services, religious school for children, continuing educational opportunities, social action efforts, social events, and other ongoing programs. Please feel free to come to Friday evening and/or Saturday morning services. Contact us and we will be happy to show you around and introduce you to our Rabbi.

You can return these forms to our Beth Shalom office at 500 West Green Meadows Rd. Please call or email if you have any questions or would like to meet.

Our best wishes to you,

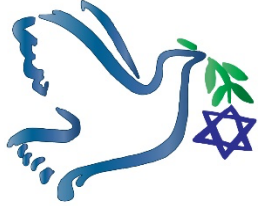
Sheri Radman

573-268-0760

Sheri@SheriRadman.com

Membership Chairperson

Congregation Beth Shalom



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MEMBERSHIP APPLICATION

If you need additional space for any item, please use the back of this form.

Name(s) _____

Other family member(s) living with you (and relationship, including ages of children)

Address _____

City _____ State _____ ZIP Code _____

Home or Cell Phone(s) _____

Work Phone(s) _____

Email Addresses _____

Please list the name(s) of current members of Congregation Beth Shalom whom you might know.

Have you had any previous affiliations with any Jewish organizations? If so, please describe the most recent, such as most recent synagogue membership (name and location).

Please cite any other information pertinent to you or your family's membership in Congregation Beth Shalom.

Please return this form along with a completed new member pledge form to:

Congregation Beth Shalom
Attn: Membership
500 West Green Meadows
Columbia, MO 65203

Note: You must have joined the congregation before your child(ren) can attend Sunday or Hebrew school. If you have any questions, please feel free to contact the chair of our membership committee, Sheri Radman 573-268-9760 Sheri@SheriRadman.com

Congregation Beth Shalom

Photo Release Form



Date: _____

I give permission for photographs of the persons listed below to be published on the website and in printed materials. I understand that these photos can be viewed by anyone in the world, but no identifying information will be displayed. I understand that this release will be on file until I ask for it to be removed.

I am over 18, and I give permission for my image to be published.

Print name: _____

Signature:

I am the parent or legal guardian of the following child(ren) under 18 years of age, and I give permission for their images to be published.

Child's name: _____

Child's name: _____

Child's name: _____

Child's name: _____

Adult's name (print): _____

Adult's signature: _____