



CONGREGATION BEIT DA'ATH, CHOKMAH, BINAH

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MEMBERSHIP APPLICATION

INITIAL APPLICATION

RENEWAL APPLICATION

FIRST NAME

LAST NAME

HEBREW NAME

DATE OF BIRTH (MM/DD/YYYY)

ADDRESS

CITY STATE ZIP

COUNTRY

PHONE NUMBER ()

E-MAIL

OCCUPATION

PRIMARY LANGAUGE

SECONDARY LANGAUGE

EDUCATION: HS DIPLOMA/GED - Y/N ASSOCIATE'S DEGREE - Y/N

BACHELOR'S DEGREE - Y/N MASTER'S DEGREE - Y/N

PLEASE BE PREPARED TO ANSWER THE FOLLOWING QUESTIONS DURING YOUR INTERVIEW:

PLEASE PROVIDE A BRIEF STATEMENT ABOUT YOURSELF?

WHAT HAS INSPIRED YOU TO JOIN THE DCB FAMILY?

WHAT CAN YOU DO TO CONTRIBUTE TO OUR COLLECTIVE SPIRITUAL GROWTH?

WHAT CAN WE DO TO CONTRIBUTE TO YOUR INDIVIDUAL SPIRITUAL GROWTH?

WHAT IS YOUR MOTIVATION IN THE PRACTICE OF TORAH AND SERVICE TO THE CREATOR?

TELL US YOUR WHY (YOUR WHY OR YOUR PURPOSE CAN BE THOUGHT OF AS YOUR REASON FOR BEING AND DEFINES THE CONTRIBUTION YOU MAY WANT TO MAKE IN THIS ORGANIZATION, THIS FAITH, AND THIS WORLD).

PLEASE NOTE THE FOLLOWING:

- **ALTHOUGH THE QUESTIONS LISTED ARE ASKED DURING THE IN-PERSON OR VIRTUAL INTERVIEW, WRITTEN REPLIES ARE ACCEPTED ON THE APPLICATION OR A SEPARATE PAPER.**
- **QUESTIONS ASKED DURING THE IN-PERSON OR VIRTUAL INTERVIEW MAY NOT BE CONFINED TO THE QUESTIONS PREVIOUSLY LISTED.**
- **CANDIDATE MEMBERSHIP APPROVAL OR DISAPPROVAL WILL BE DETERMINED AFTER THE COMPLETED APPLICATION IS SUBMITTED AND AN IN-PERSON OR VIRTUAL INTERVIEW IS CONDUCTED.**

SIGNATURE

DATE