



CONGREGATION BETH SHALOM

PO Box 2737, Corona, CA 92878

Ph: (951)734-4033 • www.CBSofCorona.org

Dear Prospective/New Member Family;

Welcome to Congregation Beth Shalom of Corona ("CBS"). My name is Bob Stone and I serve as the Vice President of the Membership Committee of the Congregation. CBS would like to invite you to join us in this family oriented synagogue. We are a full service synagogue with a warm and welcoming community. We celebrate Shabbat, holidays and festivals, and offer a complete religious education program to prepare children for their Bar or Bat Mitzvah. Our programs also include youth groups, adult education programs, social events and all life cycle events.

We are centrally located in Corona, CA off Main St and River Road. Our services, religious classes and other synagogue activities are held at our facilities:
500 Harrington St., Ste. A1 Corona, CA (just south of River Road and Cota St.).

CBS offers services every Friday evening and on the first and third weekends
Cantor Bruce Shapiro leads Friday and Shabbat morning services. For the most current schedule of our events, we encourage you to look online at www.CBSofCorona.org.

We welcome you to become a part of this exciting time in our synagogue's history. As the Congregation grows, so will programs for our membership and the greater Corona community. We offer religious, educational and social programs for all age groups. In order to ease the burden on parents and to allow children to pursue other activities we have combined our Hebrew and Religious Schools so that all classes are on Sundays only.

I look forward to answering any questions you have regarding membership. Please feel free to give me a call at my home at 951-737-7880 or on my cell phone at (562)818-9137.

Shalom,

Bob Stone
Membership Committee VP



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Dear Member or Potential Member:

Below you will find the pledge structure for membership in Congregation Beth Shalom of Corona. Membership pledges follow the calendar year (January through December). Religious School fees follow the traditional secular school calendar (Mid-August through May). It is not the intent, of the Board of Directors, to preclude anyone from membership. It is the Board's intent to have everyone donate their fair share to the support of the Synagogue. This will ensure current and future programs while meeting salaries and other expenses. A payment plan, tailored to the abilities of an individual or family can be **confidentially** arranged between you the Finance Committee.

Schedule of Annual Donations in Support of the Synagogue:

- Double Chai Membership: \$3,600
- Family Membership (Jewish Couples or Families with Children): \$1800
- Single Membership (Singles or an Interfaith marriage without children): \$1300
- Senior Membership (65 years old or older): \$1300
- Single Membership over 26: \$600
- Full time students and Military: Free
- Religious & Hebrew School: Fee Schedule available from the Education Committee.

It is with the greatest of pleasure that I welcome you to our family, Congregation Beth Shalom of Corona. I look forward to your contributing your presence and talents to this growing, vibrant Jewish community.

Shalom,
Bob Stone
Membership Committee VP

PAYMENT OPTIONS (Your Choice)

- Payment via Check (make checks payable to "CBS"): Annual ___ Quarterly ___ or Monthly ___
- Payment via Credit Card (Please refer to our website under "Membership / Pay Dues")



CONGREGATION BETH SHALOM MEMBERSHIP INFORMATION

FAMILY INFORMATION

Family Name:			
Home Address:			
City:	State: CA	Zip:	Home Phone: ()
Marital Status:		Date of Marriage:	

PERSONAL INFORMATION

	Member A	Member B
First/Middle Names		
Cell Phone		
Email		
Preferred Nickname		
Yiddish/Hebrew Name		
Father's Hebrew Name		
Mother's Hebrew Name		
Cohen/Levi/Yisrael		
Date of Birth	/ /	/ /
If Bar/Bat Mitzvah – what year celebrated?		

ALL INFORMATION IS KEPT CONFIDENTIAL

LAST NAME: _____, FIRST NAME: _____

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BOARD APPROVAL: _____ DATA BASE: _____ TREASURER: _____ NM SHABBAT: _____

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PERSONAL INFORMATION – CONTINUED

	Member A	Member B
If necessary, may we contact you to fulfill a minyan?		
Cell Phone	()	()
Occupation		
Employer's Name		
Work Phone	()	()
Work Email		
Work Fax	()	()
Can you take calls at work?		
Do you have any special needs of which we should be aware?		
Do you have any special skills, talents, or hobbies?		
Can you lead a service?		
Can you chant Haftorah?		
Can you read Torah?		

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PERSONAL INTERESTS

(Check those that apply and indicate whether Member A or B)

Ritual -	Education -	Membership -
High Holy Day preparation -	Judaic / Adult Education -	Publicity / Bulletin -
Special Events -	Religious School -	Socials -
Choir - Oneg -	Building /Facilities -	Fundraising -
Adult Bar / Bat Mitzvah -	Teaching -	Youth Activities -
Rosh Chodesh group -	Torah Study -	Toddler activities -
Telephone Tree -	Gift Shoppe -	Tot Shabbat -

BACKGROUND AND HISTORICAL DATA

Former Affiliation	City, State:
How Long	Positions Held:
How did you find CBS? (referred by current member, newspaper, magazine, web site, other)	
What are looking for by joining CBS?	
Are you or other adult member a Holocaust survivor?	
Are you or other adult member a descendent of a Holocaust survivor?	
Have you or someone in your immediate family been a member of the armed forces?	
Are you or other adult member currently a member of the armed forces?	
Are you or other adult member a student?	
What is the name of the college or university (if applicable)?	

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Yahrzeits

Name		Jewish custom calls for observing the anniversary of the death of loved ones according to the Jewish Calendar. Please complete the information below.		
English	Hebrew	Secular Date of Death m/d/y	Please indicate if death occurred before or after sunset	Relationship

* denotes Yahrzeit Board Plaque

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CHILDREN OR GUARDIANSHIP

First/Middle Name		Last Name		Hebrew Name	Birth date	Gender
					/ /	
Grade Level:	Name of School:	Is this child enrolled in Religious School _____ / Other _____ / Hebrew School _____ / Confirmation _____ / Hebrew High _____				
Is this Child Attending College?	Name of College:		Address:			
Does this child have special needs which we should be aware of?						
If Bar/Bat Mitzvah – what year celebrated?						

First/Middle Name		Last Name		Hebrew Name	Birth date	Gender
					/ /	
Grade Level:	Name of School:	Is this child enrolled in Religious School _____ / Other _____ / Hebrew School _____ / Confirmation _____ / Hebrew High _____				
Is this Child Attending college?	Name of College:		Address:			
Does this child have special needs which we should be aware of?						
If Bar/Bat Mitzvah – what year celebrated?						

First/Middle Name		Last Name		Hebrew Name	Birth date	Gender
					/ /	
Grade Level:	Name of School:	Is this child enrolled in Religious School _____ / Other _____ / Hebrew School _____ / Confirmation _____ / Hebrew High _____				
Is this Child Attending College?	Name of College:		Address:			
Does this child have special needs which we should be aware of?						
If Bar/Bat Mitzvah – what year celebrated?						

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