

TIFEREETH ISRAEL CONGREGATION MEMBERSHIP INFORMATION FORM

1) Name: _____ Date of Birth: _____
(Include title, if applicable)

2) Name: _____ Date of Birth: _____

Primary Address: _____ Phone: _____

Secondary Address: _____
(If applicable)

1) Cell Phone: _____ Email Address: _____

2) Cell Phone: _____ Email Address: _____

1) Occupation: _____ Retired ()

1) Place of Employment: _____ Phone: _____

2) Occupation: _____ Retired ()

2) Place of Employment: _____ Phone: _____

If Married, Anniversary Date: _____

1) Bar/Bat Mitzvah Date: _____ Hebrew Name: _____

2) Bar/Bat Mitzvah Date: _____ Hebrew Name: _____

Other Synagogue Affiliation: _____

Interests

- () Adult Education
- () Board of Directors
- () Committees (please circle)
- Fund Raising; Ritual; Youth; Membership; Programming

Skills

- () Read Hebrew
- () Speak Hebrew
- () Read Torah
- () Lead Weekday Minyan
- () Chant Haftarat

Date of Application: _____

(over)

Yahrzeit Information:

Name of Deceased: _____ Date of Death: _____

Hebrew Name: _____ Relationship: _____

Name of Deceased: _____ Date of Death: _____

Hebrew Name: _____ Relationship: _____

Name of Deceased: _____ Date of Death: _____

Hebrew Name: _____ Relationship: _____

Name of Deceased: _____ Date of Death: _____

Hebrew Name: _____ Relationship: _____

(If necessary, please attach a separate piece of paper with additional Yahrzeit information.)

Children:

Name: _____ Date of Birth: _____

Hebrew Name: _____ Bar/Bat Mitzvah Date: _____

School: _____ Grade: _____

Name: _____ Date of Birth: _____

Hebrew Name: _____ Bar/Bat Mitzvah Date: _____

School: _____ Grade: _____

Name: _____ Date of Birth: _____

Hebrew Name: _____ Bar/Bat Mitzvah Date: _____

School: _____ Grade: _____

Name: _____ Date of Birth: _____

Hebrew Name: _____ Bar/Bat Mitzvah Date: _____

School: _____ Grade: _____