

MEMBERSHIP INFORMATION FORM

Name: _____ Date: _____
(Include title if applicable i.e. Dr./Attorney etc.)

Date of Birth: _____

Primary Address: _____ Phone _____

Cell Phone: _____ Email Address: _____

Secondary Address: _____
(If applicable)

Occupation: _____ Retired ()

Place of Employment: _____ Phone _____

If Married, Anniversary Date: _____

Bar/Bat Mitzvah Date: _____ Hebrew Name: _____

Other Synagogue Affiliation: _____

Interests

- () Adult Education
- () Board of Directors
- () Choir
- () Committees (please circle one)
House; Fund Raising; Keruv; Ritual; Youth
Membership; Programming; First Friday

Skills

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

Yahrzeit Information:

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 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: _____