

PLEASE UPDATE PHONE AND EMAIL CONTACTS – INDICATE “DELETE” LAND LINES IF YOU DID THAT



2011- 2012 MEMBERSHIP APPLICATION

New Members must complete in FULL

Renewing or returning members:

Please be sure we have the most current contact/*yahrzeit* info for you and make corrections and/or additions

Member's Last Name	Member's First Name	Mmbr's Ph # <input type="checkbox"/> cell? <input type="checkbox"/> circle Y <input type="checkbox"/> N ()	Member's e-mail
Co-Member's Last Name	Co-Member's First Name	Co-Mmbr Ph <input type="checkbox"/> cell? <input type="checkbox"/> circle Y <input type="checkbox"/> N ()	Co-Member's e-mail
Member's Hebrew Name		Co-Member's Hebrew Name	
Member circle one: Jewish <input type="checkbox"/> Not Jewish <input type="checkbox"/>		Co-Member circle one: Jewish <input type="checkbox"/> Not Jewish <input type="checkbox"/>	
Member's Birthday	Co-Member's Birthday	Anniversary	
Mailing Address		Residence Address (if different from mailing address)	
City	Zip	City	Zip
Member's Occupation/Position	Member's Place of Employment	Member's Employment address	Work Phone # <input type="checkbox"/> cell? <input type="checkbox"/> circle Y <input type="checkbox"/> N ()
Co-Member's Occupation/Position	Co-Member's Place of Employ.	Co-Member's Employ. address	Work Phone # <input type="checkbox"/> cell? <input type="checkbox"/> circle Y <input type="checkbox"/> N ()
In the event of an emergency, illness or death, please contact: (NOT someone living at same residence)			
Name (Full first and last name)		Relationship to Member/Co-Member	Phone # <input type="checkbox"/> cell? <input type="checkbox"/> circle Y <input type="checkbox"/> N ()
Mailing Address		City	State Zip
Child/ren living at home and full-time student/s under age 23			
Name	Hebrew Name	Birthdate	Grade level if Geshur School Student
Yahrzeit Information (Family Member/s Anniversary of Death)			
Name (Full first and last name)	Relationship	Circle one	Date of Death
		Member Co-Member	
		Member Co-Member	
		Member Co-Member	
		Member Co-Member	
Hebrew Language Skills:	Military Affiliation:	Interest (s) (check as many as you like):	
I/We read Hebrew <input type="checkbox"/> Prayer Book <input type="checkbox"/> Fluent <input type="checkbox"/> Speak <input type="checkbox"/> Chant Torah	Is an immediate family member serving in the Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No A close friend? <input type="checkbox"/> Yes <input type="checkbox"/> No Relationship	Weekly Services <input type="checkbox"/> Adult Ed <input type="checkbox"/> Havurah <input type="checkbox"/> Conversion <input type="checkbox"/> Religious School <input type="checkbox"/> Torah Study <input type="checkbox"/> High Holy Days <input type="checkbox"/> Other <input type="checkbox"/>	
Please check appropriate status:	* * * * *	Volunteer interests:	
New Member <input type="checkbox"/> Renewing Member <input type="checkbox"/> Returning Member <input type="checkbox"/> Dates of Prior Membership <input type="checkbox"/> to <input type="checkbox"/>	Renewing or returning members, please review the accompanying printout No changes since last year <input type="checkbox"/> Changes/additions noted above <input type="checkbox"/>	Rituals/events _____ Committee (specify) _____ Fundraising _____ Office _____ Other _____	