

Congregation Sons of Israel Membership Questionnaire

Family (Last) Name: _____ Home Telephone #: _____

Address: _____

Type of Membership: ___Single (\$725) ___Family (\$1450) ___Associate (\$250)

Family Member Information (continue on back if necessary):

| | Name | Birth Date | Hebrew Name | Father's Hebrew Name | Mother's Hebrew Name | Indicate if Kohen or Levi | Bar Mitzva Parsha |
|----------|------|------------|-------------|----------------------|----------------------|---------------------------|-------------------|
| Husband | | | | | | | |
| Wife | | | | | | | |
| Children | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Business Information:

| | Telephone | Fax | Cell | E-mail | Business Name |
|-----------|-----------|-----|------|--------|---------------|
| Husband's | | | | | |
| Wife's | | | | | |

Yahrzeit Information (continue on back if necessary):

| Name of Deceased | Hebrew Name | Father's Hebrew Name | Date & time of Death | Mourned By (name and relation to deceased) |
|------------------|-------------|----------------------|----------------------|---|
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We offer many programs here at the congregation, and we are always looking to add more. We would love to hear what sort of events interest you. Are you interested in ___educational ___social get-togethers ___social action or other _____ types of events? Do you have any ideas for specific programs we do not currently offer? _____

Wedding Anniversary: _____

In event of death or emergency, contact: _____ Phone #: _____

This form was filled out by: _____ Date: _____

Please add any other pertinent information on the back of this form. Thank you.