



**MEMBERSHIP INFORMATION PACKET**

Household Name: \_\_\_\_\_

Primary Address: \_\_\_\_\_

Secondary Address (if applicable): \_\_\_\_\_

	Adult 1	Adult 2
Last Name		
First Name		
Preferred Name (if any)		
Middle Name		
Title ( Dr., Ms., etc.)Membership Infort		
Hebrew Name		
Parents' Hebrew Names		
Kohen, Levi, Yisrael (if known) or K'rovei Yisrael (friend of the Jews)* if person wishes to be considered a member		
Date of Birth		
Occupation		
Employer		
Work Address		
Phone Numbers <i>Please put preferred numbers first and indicate <u>c</u>ell, <u>w</u>ork, <u>h</u>ome (and * if prefer unpublished)</i>		
Email address(es) (if any)		

	Adult 1	Adult 2
Jewish Organization Memberships (if any)		
Conversion Information (if any)		

Emergency Contact Person(s) Information (please include relationship):

Does the family have a cemetery plot? Y (where) / N:

To help us to get to know you better, to provide relevant information, and to encourage your participation, please write the name of member(s) interested in the following committees and interest groups:

Adult Education		Membership	
Bulletin/website		Ritual	
Cemetery		Marketing/Publicity	
Finance		School	
House		Social Programming	
Sisterhood		Brotherhood	
Kitchen		Fundraising	
Garden		Social Action	
Other talent/skill _____		Other professional interest _____	

