

Membership Information Form

Name(s) (Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_

 (Adult #1)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Adult #2)

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If married, date of marriage\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Please Print | Adult #1 | Adult #2 |
| Full Name – First, Initial, Last |  |  |
| Title – Mr., Mrs., Ms., Dr., Rabbi |  |  |
| Preferred Name |  |  |
| Email Address |  |  |
| Cell Phone |  |  |
| Occupation |  |  |
| Place of EmploymentNameAddress |  |  |
| Business Phone  |  |  |
| Date of Birth |  |  |
| Hebrew Name in Hebrew if known |  |  |
| Hebrew Name in English |  |  |
| Tribe | Kohane\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Levi\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Yisrael\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Kohane\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Levi\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Yisrael\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Family Name(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Children**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Child’s English Name | Child’s Hebrew Name | M | F | Date of Birth |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**General Information**

IW I We can lead *Minyan* , r , read *Torah* , , read *Haftorah* ,, read Hebrew .

 I We will help make a *Minyan* in the synagogue.

 I We will help make a *Minyan* during a *Shiva* period.

* Are there any other support services you would be interested in giving or sharing?
* Specialization, area of expertise, or skills:
* Opportunities for involvement at MBIEE.

I/We would be interested in learning about and possibly joining the following:

Adult #1 Adult #2 Committee

Adult Education

Catering

House (maintenance)

Israel

Men’s Club

Religious

Sisterhood

Social Action

Youth Programming

Family Name(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Deceased Loved Ones for our *Yahrzeit* Records**

(We will notify you in advance of the *Yahrzeits*)

**Name of Deceased Relationship English Date of Death**

m/d/yyyy before/after sundown

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_