

## New Member Information Form

### Adult Member 1

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_ ben/bat \_\_\_\_\_ Would you like an Aliyah at High Holy Day Services? Yes / No  
Please circle

Address: \_\_\_\_\_ Gender: M / F  
Please circle

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Wedding Anniversary: \_\_\_\_\_

Occupation: \_\_\_\_\_ Jewish? Yes / No Please circle  
Cohen  Levi  Israelite

Kosher Home? Yes / No  
Please circle

### Adult Member 2

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_ ben/bat \_\_\_\_\_ Would you like an Aliyah at High Holy Day Services? Yes / No  
Please circle

Address: \_\_\_\_\_ Gender: M / F  
Please circle

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Jewish? Yes / No Please circle  
Cohen  Levi  Israelite

Occupation: \_\_\_\_\_ Part Time?  Full Time?  Kosher Home? Yes / No  
Please circle

### Children

First Name:				
Last Name:				
Hebrew Name:				
Living at home?	Yes / No	Yes / No	Yes / No	Yes / No
Gender:	M / F	M / F	M / F	M / F
Birthdate:				
Current Secular School Name:				
Current Secular School Grade:				
Birth Mother Jewish?	Yes / No	Yes / No	Yes / No	Yes / No
Emergency Contact Name & Number:				
Physician Name & Number:				
Insurance Company & Policy Number?				

### Yahrzeit Information

Name	Relationship (ie: Mother of...)	Secular Date of Death