

Yahrzeit

Name	Relationship	Date/Month/Year	*Hebrew Date
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

(*If English month, day and year are listed, we will fill in Hebrew dates)

Previous Synagogue Affiliation

Synagogue _____ Join Date _____

City _____ Resign Date _____

Orthodox _____ Conservative _____ Reform _____ Non-Affiliated _____

Committees (please check those in which you are interested)

_____ Sisterhood _____ Men's Club _____ School Board

_____ Budget and Finance _____ Public Relations _____ Membership

_____ Building _____ Special Events _____ Library/Office

_____ Youth _____ Usher _____ Legal and By-Laws

Volunteer Activities/Interests (please check those in which you are interested)

_____ Labeling/Mailing _____ Religious Ed. Teacher _____ Religious Ed. Substitute

_____ Baking _____ Cooking for Shabbat Dinners _____ Gift Shop

_____ Lead Services _____ Chant Torah/Haftorah _____ Chant Kiddush

Children Programs

_____ NIFTY

Any other information about you and your family that you would like us to know

Signature of Applicant _____ Date _____

Signature of Applicant _____ Date _____