

# HEBREW CONGREGATION OF SOMERS MEMBERSHIP APPLICATION

**P.O. BOX 40  
SHENOROCK, NEW YORK 10587**

**DATE:**

## ADULT A

## ADULT B

LAST NAME:

LAST NAME:

FIRST NAME:

FIRST NAME:

HEBREW NAME:

HEBREW NAME

DATE OF BIRTH:

DATE OF BIRTH:

OCCUPATION:

OCCUPATION:

HOME PHONE:

HOME PHONE:

WORK PHONE:

WORK PHONE:

E-MAIL:

E-MAIL:

ANNIVERSARY:

## PRIMARY ADDRESS

STREET:

P.O. BOX:

CITY/STATE/ZIP

## CHILDREN'S INFORMATION

FAMILY NAME	FIRST NAME	HEBREW NAME	BIRTH DATE	SCHOOL	AT HOME	
					YES	NO
					YES	NO
					YES	NO
					YES	NO
					YES	NO

## YAHREZIT RECORD

FAMILY NAME	FIRST NAME	HEBREW NAME	RELATIONSHIP	HEBREW DATE	ENGLISH DATE

What factors led you to choose Hebrew Congregation of Somers Synagogue?

Suggestions or comments regarding programs, events, etc.:

Would you be interested in any of the following committees? If so, please indicate Adult A and/or B

Ritual	Membership	Buildings and Grounds
Bar/Bat Mitzvah	Education	Sisterhood
Library	Social Action	Program

**PLEASE MAIL YOUR COMPLETED APPLICATION TO THE ABOVE ADDRESS.**