



Hebrew Congregation of Somers

Membership Application

P.O. Box 40 Shenorock, NY 10587



Date _____ |

Adult A

First Name _____ Last Name _____

Hebrew Name _____ Occupation _____

Anniversary _____ Date of Birth _____ Email _____

Home Phone _____ Work Phone _____

Primary Address: Street _____

City _____ State _____ Zip _____

Adult B

First Name _____ Last Name _____

Hebrew Name _____ Occupation _____

Date of Birth _____ Home Phone _____ Work Phone _____

Email _____

Children

Name _____ At Home? Y ___ N ___ Name _____ At Home? Y ___ N ___

Hebrew Name _____ Hebrew Name _____

School _____ School _____

Yahrtzeit Record

Family Name _____ First Name _____ Hebrew Name _____

Relationship _____ Hebrew Date _____ English Date _____

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

Please share your suggestions or comments regarding programs, events, etc.: _____

Would you be interested in any of the following committees

Ritual *Adult A* ___ *Adult B* ___ Membership *Adult A* ___ *Adult B* ___ Buildings and Grounds *Adult A* ___ *Adult B* ___

Bar/Bat Mitzvah *Adult A* ___ *Adult B* ___ Education *Adult A* ___ *Adult B* ___ Sisterhood *Adult A* ___ *Adult B* ___ Library

Adult A ___ *Adult B* ___ Social Action Program *Adult A* ___ *Adult B* ___