



# 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* \_\_\_