

CONGREGATION BETH SHALOM

MEMBERSHIP INFORMATION RECORD

MEMBER #1: _____ MEMBER #2: _____

HEBREW NAME: _____ HEBREW NAME: _____

NOTE: If you prefer to be called by using both of your parents' names, please indicate both.

TRIBE: KOHEN LEVI ISRAEL

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DATE OF BIRTH: _____

DATE OF BIRTH: _____

ANNIVERSARY: _____

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CONTACT INFORMATION

HOME ADDRESS: _____

CITY, ST, ZIP: _____

HOME PHONE: _____

HOME PHONE: _____

CELL: _____

CELL: _____

EMAIL: _____

EMAIL: _____

EMPLOYER: _____

EMPLOYER: _____

POSITION: _____

POSITION: _____

WORK PHONE: _____

WORK PHONE: _____

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CHILDREN

1ST CHILD: NAME: _____

SCHOOL: _____ DOB: _____

HEB. NAME: _____

RELIGIOUS SCHOOL: _____

2ND 1ST CHILD: NAME: _____

SCHOOL: _____ DOB: _____

HEB. NAME: _____

RELIGIOUS SCHOOL: _____

3RD CHILD: NAME: _____

SCHOOL: _____ DOB: _____

HEB. NAME: _____

RELIGIOUS SCHOOL: _____

4TH CHILD: NAME: _____

SCHOOL: _____ DOB: _____

HEB. NAME: _____

RELIGIOUS SCHOOL: _____