



WELCOME TO OUR COMMUNITY
BETH SHOLOM B'NAI ISRAEL
 400 Middle Turnpike East, Manchester, CT 06040 860-643-9563 www.myshul.org
CONFIDENTIAL MEMBERSHIP INFORMATION SHEET



Date : _____

(PLEASE PRINT)

Date Joined: _____

Complete address below as you want it to appear on your correspondence. (Please include Mr. & Mrs., Ms. etc. if desired)

Home Phone No. () _____ - _____ Fax () _____ - _____

ADULT #1

1. Full Name _____
2. Informal Name _____
3. Preferred Title ___ Mr. ___ Mrs. ___ Ms. ___ Dr. ___ Other
4. Hebrew Name _____ Kohen Levy
(English Letters)
5. Father's Hebrew name _____
6. Mother's Hebrew name _____
7. Current Marital Status: ___ Single ___ Married ___ Separated
___ Divorced ___ Widowed ___ Other
8. Marriage Date ___ - ___ - ___ (if applicable)
9. Birth Date ___ - ___ - ___
10. Religion _____
11. Occupation Title: _____
 Full time Part-time Retired
12. Employer _____
13. Business Address _____

City/State/Zip
14. Business Phone () _____ Cell () _____
15. E-Mail Address _____
16. In an emergency contact (other than Adult #2) Name, Address, & Phone No.

17. Other Adult(s) in the home:
Name _____
Birth Date _____
Relationship _____

ADULT #2

- Full Name _____
- Informal Name _____
- Preferred Title ___ Mr. ___ Mrs. ___ Ms. ___ Dr. ___ Other
- Hebrew Name _____ Kohen Levy
(English Letters)
- Father's Hebrew Name _____
- Mother's Hebrew Name _____
- Marital Status: ___ Single ___ Married ___ Separated
___ Divorced ___ Widowed ___ Other
- Marriage Date ___ - ___ - ___ (if applicable)
- Birth Date ___ - ___ - ___
- Religion _____
- Occupation Title _____
 Full time Part-time Retired
- Employer _____
- Bus. Address _____

City/State/Zip
- Business Phone () _____ Cell () _____
- E-Mail Address _____
- In an emergency contact: (other than Adult #1) Name, Address, & Phone No.

- Other Adult(s) in the home:
Name _____
Birth Date _____
Relationship _____

Dependent children, including those in college:

CHILD #1	CHILD #2	CHILD #3
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Full Name _____	_____	_____
Informal Name _____	_____	_____
Hebrew Name _____	_____	_____
Address (if different from yours) _____	_____	_____
Date of Birth _____	_____	_____

1. Please designate which you would be most interested in joining:

Standing Committees:

Social Action Youth Activities Finance Fundraising Continuing Education

Ritual House and Properties Membership School

Other: Choir Chevra Kadisha Shabbat Luncheon Volunteers

2. Do you have any special skills / talents that you would like to share with us? Please describe below:

3. Frequently our administration is in need of volunteers to help with bulletin and other various mailings etc., would you be willing to join our team of volunteers? _____

4. Do you have an alternate address for any portion of the year? Departure ____ - ____ - ____ Returning ____ - ____ - ____

Alternate Address _____

Comments/Suggestions: