

We are very pleased that you have chosen to become a member of Makom Solel Lakeside, a warm, welcoming and sacred space.

**HOME INFORMATION**

Street Address _____	Phone # 1 _____
Apt# _____ City _____	Phone # 2 _____
State _____ Zip _____	<input type="checkbox"/> We are an interfaith family

**SEASONAL ADDRESS INFORMATION**

Address \_\_\_\_\_

Phone \_\_\_\_\_  Please send mail to this address (dd/mm) from \_\_\_/\_\_\_ to \_\_\_/\_\_\_

	PRIMARY CONTACT #1	PRIMARY CONTACT #2
First Name	<input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Other _____	<input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Other _____
Last Name		
Preferred/Nickname		
Birthdate		
Cell Phone		
Business Phone		
Email Address		
Hebrew Name (please transliterate)		
Do you have any physical limitations that we should be aware of?	<input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> Mobility <input type="checkbox"/> Other _____	<input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> Mobility <input type="checkbox"/> Other _____

**MARITAL STATUS**

Married  Single  Divorced  Separated  Widowed  Wedding Date/Anniversary \_\_\_/\_\_\_/\_\_\_

**LET'S GET STARTED, I/WE'RE EXCITED ABOUT:**

Learning Opportunities:  Adult Enrichment  Lev Learning  Makom Montessori

Worship Opportunities:  Shabbat  High Holy Days  Festivals  Healing Services

Other Opportunities:  Community  Social Justice Activities  \_\_\_\_\_

	CHILD #1	CHILD #2	CHILD #3	CHILD #4
First Name				
Last Name				
Preferred/Nickname				
Enrolled in Lev Learning?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hebrew Name (please transliterate)				
Gender?				
School Name				
Current Grade				
Does your child have any physical limitations that we should be aware of?	<input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> Mobility <input type="checkbox"/> Other_____	<input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> Mobility <input type="checkbox"/> Other_____	<input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> Mobility <input type="checkbox"/> Other_____	<input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> Mobility <input type="checkbox"/> Other_____
College/University				
College/University Contact Information				

**MAKING CONNECTIONS: PLEASE SHARE THE NAMES OF YOUR FRIENDS OR RELATIVES WHO ARE CURRENTLY A PART OF MAKOM SOLEL LAKESIDE**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

**BEING PART OF MAKOM SOLEL LAKESIDE COMMUNITY**

<p>Please take a moment and tell us what you expect from your synagogue membership and how we can make a connection with you:</p>	<p>Tell us something about yourself that you'd like to share with your Makom community (i.e. I run marathons, I'm on the Library board, or I like to sing):</p>
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## FAMILY YAHRZEIT

Deceased's Name \_\_\_\_\_

Relative of \_\_\_\_\_ Relationship \_\_\_\_\_

I wish to observe  Hebrew date of death \_\_\_\_/\_\_\_\_/\_\_\_\_

English date of death \_\_\_\_/\_\_\_\_/\_\_\_\_ Approximate time of day \_\_\_\_\_ AM or PM

Deceased's Name \_\_\_\_\_

Relative of \_\_\_\_\_ Relationship \_\_\_\_\_

I wish to observe  Hebrew date of death \_\_\_\_/\_\_\_\_/\_\_\_\_

English date of death \_\_\_\_/\_\_\_\_/\_\_\_\_ Approximate time of day \_\_\_\_\_ AM or PM

Deceased's Name \_\_\_\_\_

Relative of \_\_\_\_\_ Relationship \_\_\_\_\_

I wish to observe  Hebrew date of death \_\_\_\_/\_\_\_\_/\_\_\_\_

English date of death \_\_\_\_/\_\_\_\_/\_\_\_\_ Approximate time of day \_\_\_\_\_ AM or PM

Deceased's Name \_\_\_\_\_

Relative of \_\_\_\_\_ Relationship \_\_\_\_\_

I wish to observe  Hebrew date of death \_\_\_\_/\_\_\_\_/\_\_\_\_

English date of death \_\_\_\_/\_\_\_\_/\_\_\_\_ Approximate time of day \_\_\_\_\_ AM or PM

Deceased's Name \_\_\_\_\_

Relative of \_\_\_\_\_ Relationship \_\_\_\_\_

I wish to observe  Hebrew date of death \_\_\_\_/\_\_\_\_/\_\_\_\_

English date of death \_\_\_\_/\_\_\_\_/\_\_\_\_ Approximate time of day \_\_\_\_\_ AM or PM

Deceased's Name \_\_\_\_\_

Relative of \_\_\_\_\_ Relationship \_\_\_\_\_

I wish to observe  Hebrew date of death \_\_\_\_/\_\_\_\_/\_\_\_\_

English date of death \_\_\_\_/\_\_\_\_/\_\_\_\_ Approximate time of day \_\_\_\_\_ AM or PM

Deceased's Name \_\_\_\_\_

Relative of \_\_\_\_\_ Relationship \_\_\_\_\_

I wish to observe  Hebrew date of death \_\_\_\_/\_\_\_\_/\_\_\_\_

English date of death \_\_\_\_/\_\_\_\_/\_\_\_\_ Approximate time of day \_\_\_\_\_ AM or PM