



## Membership Form

**Member #1** Name (last, first): \_\_\_\_\_  
Salutation:  Mr.  Mrs.  Ms.  Dr. Occupation: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email address: \_\_\_\_\_  
Birthday (mm-dd-yy): \_\_\_\_\_ Hebrew Name (*written in English*): \_\_\_\_\_  
Affiliation / Tribe:  Israel  Levi  Kohen  
Religious tradition in which you were raised (optional):  Reform  Conservative  Orthodox  Reconstructionist  
 Non-practicing  Non-Jewish (If so, did you convert to Judaism?  No  Yes Date: \_\_\_\_\_)

**Member #2** Name (last, first): \_\_\_\_\_  
Salutation:  Mr.  Mrs.  Ms.  Dr. Occupation: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email address: \_\_\_\_\_  
Birthday (mm-dd-yy): \_\_\_\_\_ Hebrew Name (*written in English*): \_\_\_\_\_  
Affiliation / Tribe:  Israel  Levi  Kohen  
Religious tradition in which you were raised (optional):  Reform  Conservative  Orthodox  Reconstructionist  
 Non-practicing  Non-Jewish (If so, did you convert to Judaism?  No  Yes Date: \_\_\_\_\_)

**Family Information** Home Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Anniversary (mm-dd-yy): \_\_\_\_\_

**Children's Information**  
1. Child's full name: \_\_\_\_\_  
Child's Hebrew Name (*written in English*): \_\_\_\_\_ Birthday (mm-dd-yy): \_\_\_\_\_  
Public School grade as of September 2021: \_\_\_\_\_  Boy  Girl  
2. Child's full name: \_\_\_\_\_  
Child's Hebrew Name (*written in English*): \_\_\_\_\_ Birthday (mm-dd-yy): \_\_\_\_\_  
Public School grade as of September 2021: \_\_\_\_\_  Boy  Girl

*If more room is needed, please use a separate piece of paper.*

**Yahrzeit**  
1. Departed: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Related to: \_\_\_\_\_  
Hebrew date: \_\_\_\_\_ Civil date (mm-dd-yy): \_\_\_\_\_  
2. Departed: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Related to: \_\_\_\_\_  
Hebrew date: \_\_\_\_\_ Civil date (mm-dd-yy): \_\_\_\_\_

*If more room is needed, please use a separate piece of paper.*

**Affiliation** Please list prior synagogue affiliation(s):  
Name \_\_\_\_\_ City & State \_\_\_\_\_  
Name \_\_\_\_\_ City & State \_\_\_\_\_

It is the practice at Tifereth Israel Synagogue to use photographs of members involved in activities in its publications and in other selected media. You have the right to deny permission to produce and use such photographic material by stating so in writing.  
**Please provide us with a brief biography about yourself and your family for publication in our monthly newsletter:**

\_\_\_\_\_  
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