

Adat Shalom

SYNAGOGUE

MEMBERSHIP APPLICATION



To help us get to know you, family photos, which will be placed in your membership file, may be enclosed with your application form.

DATE _____

■ FAMILY LAST NAME _____ Married ____ Single ____ Widowed ____ Divorced ____

ADDRESS _____

CITY _____ ZIP _____ HOME PHONE _____

■ ADULT (A) _____

GENDER _____

HEBREW NAME _____

FATHER'S HEBREW NAME _____

MOTHER'S HEBREW NAME _____

DATE OF BIRTH _____

OCCUPATION/PROFESSION _____

PLACE OF EMPLOYMENT _____

ADDRESS _____

CITY _____ ZIP _____

WORK PHONE _____ FAX _____

CELL PHONE _____

HOME EMAIL _____

WORK EMAIL _____

PLEASE INDICATE IF YOUR FATHER IS/WAS A:

KOHEN ____ LEVI ____ YISRAEL ____

DO YOU READ HEBREW? _____

DO YOU SPEAK HEBREW? _____

WOULD YOU LIKE TO IMPROVE YOUR HEBREW SKILLS? _____

SPECIAL SKILLS/HOBBIES _____

MEMBERSHIP IN COMMUNITY ORGANIZATIONS

■ ADULT (B) _____

GENDER _____

HEBREW NAME _____

FATHER'S HEBREW NAME _____

MOTHER'S HEBREW NAME _____

DATE OF BIRTH _____

OCCUPATION/PROFESSION _____

PLACE OF EMPLOYMENT _____

ADDRESS _____

CITY _____ ZIP _____

WORK PHONE _____ FAX _____

CELL PHONE _____

HOME EMAIL _____

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SPECIAL SKILLS/HOBBIES _____

MEMBERSHIP IN COMMUNITY ORGANIZATIONS

■ WEDDING DATE (IF APPLICABLE) _____

■ CURRENT AFFILIATION WITH OTHER CONGREGATION? _____ NAME _____

■ HAVE YOU PAID A BUILDING FUND TO ANOTHER CONGREGATION? IF SO, \$ _____

■ DO YOU HAVE A CEMETERY LOT? _____ IF SO, WHERE? _____

■ IN WHICH OF THE FOLLOWING SYNAGOGUE GROUPS WOULD YOU AND YOUR FAMILY LIKE TO PARTICIPATE?

- MEN'S CLUB
 SISTERHOOD
 YOUNG ADULTS
 EMPTY NESTERS
 SOCIAL ACTION
 FAMILY PROGRAMS
 TIKKUN ADAT
 CHOIR
 ADULT LEARNING
 SYNAGOGUE COMMITTEES (Indicate special interest) _____

■ ARE THERE SYNAGOGUE MEMBERS WITH WHOM YOU WISH TO SIT DURING THE HIGH HOLY DAY SERVICES?

WOULD YOU ENJOY HAVING A MENTOR FAMILY YES NOT RIGHT NOW

CHILDREN (BIRTH - 22 YR) IN HOUSEHOLD	GENDER	DATE OF BIRTH	HEBREW NAME	SCHOOL GRADE	RELIGIOUS SCHOOL ATTENDING

ADULT CHILDREN LIVING IN METRO DETROIT	GENDER	DATE OF BIRTH	HEBREW NAME	ADDRESS	EMAIL ADDRESS

■ THE FOLLOWING INFORMATION WILL BE HELD IN STRICT CONFIDENCE:

Are both of you the children of Jewish parents? Yes No If not, please explain.
 If not, have you been converted to Judaism according to Jewish law? Yes No
 Are any of your children adopted? Yes No If yes, has each child, where necessary, been converted
 to Judaism according to Jewish law? Yes No
 Please note any additional pertinent information of which you feel we should be aware. (i.e., divorce, re-marriage,
 adoption, children of previous marriages)

■ YAHRZEIT DATES FOR FAMILY RECORD

Name (English)	Name (Hebrew)	Relationship to whom	Date of Death	
			Hebrew	English
_____	_____	_____	<input type="checkbox"/> Before Sundown	<input type="checkbox"/> After Sundown
_____	_____	_____	<input type="checkbox"/> Before Sundown	<input type="checkbox"/> After Sundown
_____	_____	_____	<input type="checkbox"/> Before Sundown	<input type="checkbox"/> After Sundown
_____	_____	_____	<input type="checkbox"/> Before Sundown	<input type="checkbox"/> After Sundown

DUES BUILDING FUND ANNUALLY \$ _____ \$ _____ Payable _____
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SIGNATURES
