

MEMBER INFORMATION SHEET

Family Name _____
First Name (1) _____ (2) _____
Hebrew Name (1) _____ (2) _____
Address _____
Home Phone _____ Cell Phone _____
E-mail Address (1) _____ (2) _____
Occupation (1) _____ (2) _____
Check (if Applicable) (1) Kohan _____ Levi _____ (2) Kohan _____ Levi _____
Level of Hebrew Reading (1) Beginner _____ Intermediate _____ Advanced _____
(2) Beginner _____ Intermediate _____ Advanced _____
Available to participate in Shabbat/other services (1) Yes _____ No _____
(2) Yes _____ No _____
Birthdays (1) _____ (2) _____
Anniversary _____

Yahrzeit Information

Name	Relationship	Date of Death

Children's names and address: _____

Next of kin, other than spouse, to be notified in case of emergency:
Name _____ Phone _____
Address _____ Relationship _____

Circle Committee(s) on which you would like to serve:

Adult Education	Budget & Finance	House	Telephone
Membership	Oneg Shabbat	Religious/Ritual	Visiting Sick
Ways & Means	Other _____		