



CONGREGATION SHIR HADASH

Membership Information Form

Welcome to Congregation Shir Hadash and thank you for completing our membership information form. All of your information is kept in strict confidence and is used to develop programs and activities to serve your needs. At the end of the form, please note any additional information that you feel would be useful.

Again, welcome and thank you!

MEMBER 1 INFORMATION

Name: _____
Title First Middle Last Informal Name Jewish Name

Sex M F Birthdate ___/___/___
Marital Status: Married ___ Marriage Date ___/___/___ Single ___ Separated ___ Divorced ___ Widowed ___

Home Address (How long at this address? _____) Business Address (How long with this employer? _____)

Occupation _____

Street _____ Apt _____ Name of Business _____

City _____ State _____ Zip _____ Street _____

Home Phone _____ City _____ State _____ Zip _____

Mobile Phone _____ Bus. Phone _____ Bus. Fax _____

Home Email _____ Bus. Email _____

Previous Congregation _____

Are you a previous Shir Hadash Member? _____ Dates _____

Are you related to Shir Hadash Members? _____ Name(s) & Relationship _____

MEMBER 2 INFORMATION

Name: _____
Title First Middle Last Informal Name Jewish Name

Sex M F Birthdate ___/___/___
Marital Status: Married ___ Marriage Date ___/___/___ Single ___ Separated ___ Divorced ___ Widowed ___

Mobile Phone _____ Business Address (How long with this employer? _____)

Home Email _____ Occupation _____

Name of Business _____

Street _____

City _____ State _____ Zip _____

Bus. Phone _____ Bus. Fax _____

Bus. Email _____

Previous Congregation _____

Are you a previous Shir Hadash Member? _____ Dates _____

Are you related to Shir Hadash Members? _____ Name(s) & Relationship _____

Check to exclude your home email addresses from our electronic mailing list.

CHILDREN INFORMATION

Name: _____
 First Middle Last Informal Name Jewish Name

Sex M F Birthdate ___/___/___ School/College _____ Gr/Yr _____

Name: _____
 First Middle Last Informal Name Jewish Name

Sex M F Birthdate ___/___/___ School/College _____ Gr/Yr _____

Name: _____
 First Middle Last Informal Name Jewish Name

Sex M F Birthdate ___/___/___ School/College _____ Gr/Yr _____

Please attach additional sheets if necessary. We occasionally send special mailings to college students. If your college student would like to be on our list at his or her college address, please enclose it on a separate sheet of paper or forward it to the temple office separately. If yours is a blended family, please include any other information you feel we should know.

Yahrzeit Information

You will be sent a yahrzeit reminder and your loved one's name will be listed in the Temple Newsletter and read at services on the Shabbat preceding the yahrzeit date.

Member 1

Name	Relationship	Date of Death (Observe Hebrew ___ or English___)

Member 2

Name	Relationship	Date of Death (Observe Hebrew ___ or English___)

BLOOD DONORS

From time to time, a member of our congregation may need to rely on blood donations from our congregational family. Please provide the following information if you are willing to be a donor. If additional household members over the age of 18 are willing to contribute, please provide information for them as well.

Member 1

Blood Type _____ RH-_____ Are you willing to donate blood in an emergency? Yes _____ No _____

Member 2

Blood Type _____ RH-_____ Are you willing to donate blood in an emergency? Yes _____ No _____

Member 3

Blood Type _____ RH-_____ Are you willing to donate blood in an emergency? Yes _____ No _____

INTEREST AREAS

Congregational activities in which you are interested and would like to participate.

Interest Areas:

	Adult 1	Adult 2		Adult 1	Adult 2
Adult Learning			Membership Welcome		
Budget & Finance			Facilities & Repairs		
Caring Committee			Public Relations/Publicity		
Fundraising			Newsletters/Flyers		
Interfaith Families			Ritual Practices		
Social Action			Ushering at Services		
Youth Group			Other (Please List)		
Leadership Development					

Special Skills, Talents and Hobbies:

	Adult 1	Adult 2		Adult 1	Adult 2
Accounting, Budget/Finance			Leading Services/Reading from Torah		
Arts/Crafts			Legal		
Budget/Finance			Medical		
Clerical/Office			Music		
Computers			Personnel		
Cooking & Baking			Photography		
Counseling			Reading from Torah		
Fundraising			Teaching		
			Other (Please List)		

Other information:

A copy of the By-Laws is available, upon request.