



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

Hebrew Name: _____ ben/bat _____
(parents' Hebrew names)

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? _____)

Street _____ Apt _____ Occupation _____
City _____ State ____ Zip _____ Name of Business _____
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

Hebrew Name: _____ ben/bat _____
(parents' Hebrew names)

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 ___)

INTEREST AREAS

*Congregational activities in which you are interested and would like to participate.
Please feel free to add details.*

Opportunities for Participation:

Member 1	Member 2		Member 1	Member 2	
<input type="checkbox"/>	<input type="checkbox"/>	Adult Education Committee	<input type="checkbox"/>	<input type="checkbox"/>	Leadership Development
<input type="checkbox"/>	<input type="checkbox"/>	Blood Drive	<input type="checkbox"/>	<input type="checkbox"/>	Membership Welcome
<input type="checkbox"/>	<input type="checkbox"/>	Caring Committee	<input type="checkbox"/>	<input type="checkbox"/>	Public Relations/Publicity
<input type="checkbox"/>	<input type="checkbox"/>	Choir	<input type="checkbox"/>	<input type="checkbox"/>	Ritual Practices
<input type="checkbox"/>	<input type="checkbox"/>	Clerical / Office Volunteer	<input type="checkbox"/>	<input type="checkbox"/>	School & Classroom Support
<input type="checkbox"/>	<input type="checkbox"/>	Discussions w/ people of different faiths	<input type="checkbox"/>	<input type="checkbox"/>	Social Action – CSH in the World
<input type="checkbox"/>	<input type="checkbox"/>	Facilities & Repairs Committee	<input type="checkbox"/>	<input type="checkbox"/>	Technology Committee
<input type="checkbox"/>	<input type="checkbox"/>	Finance Committee	<input type="checkbox"/>	<input type="checkbox"/>	Ushering at Services
<input type="checkbox"/>	<input type="checkbox"/>	Fundraising	<input type="checkbox"/>	<input type="checkbox"/>	Youth Group Leadership
<input type="checkbox"/>	<input type="checkbox"/>	Inter-religious issues in the family	<input type="checkbox"/>	<input type="checkbox"/>	Other : _____
<input type="checkbox"/>	<input type="checkbox"/>	Jewish Learning (classes, lectures)	<input type="checkbox"/>	<input type="checkbox"/>	_____

Special Skills, Talents, and Hobbies:

Member 1	Member 2		Member 1	Member 2	
<input type="checkbox"/>	<input type="checkbox"/>	Accounting	Languages:		
<input type="checkbox"/>	<input type="checkbox"/>	Arts / Crafts / Photography (circle applicable)	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	Computers	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	Cooking & Baking	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	Counseling	Musical Instruments:		
<input type="checkbox"/>	<input type="checkbox"/>	Fundraising / Development	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	Human Resources	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	Leading Services	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	Legal	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	Marketing	Other:		
<input type="checkbox"/>	<input type="checkbox"/>	Medical	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	Reading from Torah / Haftarah	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	Teaching	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	Writing / Communications	<input type="checkbox"/>	<input type="checkbox"/>	_____

Other information:

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