

**SHAARE ZEDEK SYNAGOGUE MEMBERSHIP INFORMATION****Date:****Adult 1**

Title: Last Name: First Name:

Full Hebrew Name: (ben/bat)

Occupation: Birth Date: Wed. Anniversary Date:

Address: E-mail:

Home Phone: Bus. Phone: Cell Phone:

Please check all that apply:  Male  Female  Kohen  Levi  Israelite  Non-JewishHebrew Background:  Read  Chant Haftorah  Chant Torah  Lead a Service or Minyan**Adult 2**

Title: Last Name: First Name:

Full Hebrew Name: (ben/bat)

Occupation: Birth Date:

Address: E-mail:

Home Phone: Bus. Phone: Cell Phone:

Please check all that apply:  Male  Female  Married to spouse above  Kohen  Levi  Israelite  Non-Jewish Non-member parent or spouse Hebrew Bkd:  Read  Chant Haftorah  Chant Torah  Lead a Service or Minyan**Child or Children**

English Name(s): Hebrew Name(s): Current school attending: Birth Date:

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**Yahrzeit Information ( USE BACK SIDE FOR ADDITIONAL NAMES, INFO.)**Date/Time of Death:  
(before or after sunset)

Name/relationship:

Full Hebrew Name : (ben/bat)

Name/relationship:

Full Hebrew Name : (ben/bat)

Name/relationship:

Full Hebrew Name : (ben/bat)

**Synagogue Involvement (Please indicate your interest, check all that apply):** Daily Minyan  Early Childhood Center  Family Programs  Adult Education  Religious School PTO  Softball Youth Activities  Sisterhood  Men's Club  Daily Minyan  Hebrew Classes  Chavurah  Memorial Tablets**Committees:**  Membership  Ritual  Building  Communications  Education  Programming  Development Chesed  Kiddush  Youth **On the back of this form please share with us your areas of interest or expertise.****Medical condition, special needs or allergies you want us to be aware of?****Contact name/number of nearest relative or friend:**