



Membership Form

Date: _____

Member #1 Name (last, first): _____
 Salutation: Mr. Mrs. Ms. Dr. Occupation: _____
 Work Phone: _____ Cell Phone: _____ Email address: _____
 Birthday (mm-dd-yy): _____ Hebrew Name (*written in English*): _____
 Affiliation / Tribe: Israel Levi Kohen
 Religious tradition in which you were raised (optional): Reform Conservative Orthodox Reconstructionist
 Non-practicing Non-Jewish (if so, did you convert to Judaism? No Yes Date: _____)

Member #2 Name (last, first): _____
 Salutation: Mr. Mrs. Ms. Dr. Occupation: _____
 Work Phone: _____ Cell Phone: _____ Email address: _____
 Birthday (mm-dd-yy): _____ Hebrew Name (*written in English*): _____
 Affiliation / Tribe: Israel Levi Kohen
 Religious tradition in which you were raised (optional): Reform Conservative Orthodox Reconstructionist
 Non-practicing Non-Jewish (if so, did you convert to Judaism? No Yes Date: _____)

Family Information Home Address: _____
 City, State, Zip: _____
 Home phone: _____ Anniversary (mm-dd-yy): _____

Children's Information
 1. Child's full name: _____
 Child's Hebrew Name (*written in English*): _____ Birthday (mm-dd-yy): _____
 Public School grade as of September 2011: _____ Boy Girl
 2. Child's full name: _____
 Child's Hebrew Name (*written in English*): _____ Birthday (mm-dd-yy): _____
 Public School grade as of September 2011: _____ Boy Girl
If more room is needed, please use a separate piece of paper.

Yahrzeit
 1. Departed: _____ Relationship: _____
 Related to: _____
 Hebrew date: _____ Civil date (mm-dd-yy): _____
 2. Departed: _____ Relationship: _____
 Related to: _____
 Hebrew date: _____ Civil date (mm-dd-yy): _____
If more room is needed, please use a separate piece of paper.

Affiliation Please list prior synagogue affiliation(s):
 Name _____ City & State _____
 Name _____ City & State _____

It is the practice at Tifereth Israel Synagogue to use photographs of members involved in activities in its publications and in other selected media. You have the right to deny permission to produce and use such photographic material by stating so in writing.
Please provide us with a brief biography about yourself and your family for publication in our monthly newsletter:
