



MEMBERSHIP INFORMATION FORM

Date: _____

NAME 1 _____ **JEWISH? YES** **NO**

Hebrew Name _____ (ben/bat) _____ Kohen Levi Yisrael

Birthdate _____ Occupation _____

Cell Phone _____ Email _____

NAME 2 _____ **JEWISH? YES** **NO**

Hebrew Name _____ (ben/bat) _____ Kohen Levi Yisrael

Birthdate _____ Occupation _____

Cell Phone _____ Email _____

Street Address _____ **City/State/ZIP** _____

Home or Primary Phone _____

CHILDREN: COLLEGE AGE AND YOUNGER

For additional children, please attach a separate sheet.

First Name _____ Last Name _____ Gender _____

Hebrew Name _____ Birthdate _____

School/Grade _____ Religious School/Grade _____

First Name _____ Last Name _____ Gender _____

Hebrew Name _____ Birthdate _____

School/Grade _____ Religious School/Grade _____

First Name _____ Last Name _____ Gender _____

Hebrew Name _____ Birthdate _____

School/Grade _____ Religious School/Grade _____

ADULT CHILDREN

For additional children, please attach a separate sheet.

First Name _____ Last Name _____ Gender _____

Address _____ Phone _____

First Name _____ Last Name _____ Gender _____

Address _____ Phone _____

First Name _____ Last Name _____ Gender _____

Address _____ Phone _____

Yahrzeits

First Name _____ Last Name _____

Relationship _____ Date of Death (mm/dd/year) _____

First Name _____ Last Name _____

Relationship _____ Date of Death (mm/dd/year) _____

First Name _____ Last Name _____

Relationship _____ Date of Death (mm/dd/year) _____

ACTIVITIES

We invite you to become involved in our congregation. Please check those activities which interest you.

NAME

1 2

School Committee

Lifelong Learning

Bereavement Committee

Social Action

NAME

1 2

Young Families

Women's Group

Bikkur Cholim

Other _____

NAME

1 2

Kiddush Committee

Chevra Kadisha

SYNAGOGUE SKILLS

If you can lead parts of the service, read Torah or chant Haftarah, please cite specific skills. Ashrei and other service parts may be led by children who have not yet been called to the Torah on the occasion of their Bar or Bat Mitzvah.

NAME 1 _____

Bar/Bat Mitzvah portion _____

NAME 2 _____

Bar/Bat Mitzvah portion _____

CHILD(REN) POST BAR/BAT MITZVAH _____

Bar/Bat Mitzvah portion _____

CHILD(REN) PRE BAR/BAT MITZVAH _____

GENERAL SKILLS

Skills or hobbies such as computers, singing, music, cooking, carpentry, needlework, art or other areas that could be of help to Kol Shalom.

As an egalitarian congregation, Kol Shalom welcomes members with diverse needs and interests and benefits from their expertise and talents. We welcome both spouses or life partners in dual-faith families as members of our congregation.

To learn more about our congregation, to learn about membership privileges and dues, please contact Executive Director, Deb Finkelstein. (301-309-9110)

Signature Name 1 _____ Signature Name 2 _____