



# MEMBERSHIP INFORMATION FORM

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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** \_\_\_\_\_

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## 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 \_\_\_\_\_

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## 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) \_\_\_\_\_

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## 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** \_\_\_\_\_

\_\_\_\_\_

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## 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.*

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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, Alissa Messian. [exec@kolshalom.com](mailto:exec@kolshalom.com) (301-309-9110)

Signature Name 1 \_\_\_\_\_ Signature Name 2 \_\_\_\_\_