

Beth Israel Synagogue
P.O. Box 536
22 North Orchard Street
Wallingford, CT 06492
(203) 269-5983
Rabbi Bruce Alpert
Cantor Nancy Huber

MEMBERSHIP APPLICATION

Name: _____ Address: _____

Spouse's Name: _____ Phone Number: _____

e-mail: _____

Prior Synagogue Affiliation - Name: _____

Location: _____

Marital Status: Married___ Single___ Divorced___ Widowed___

Anniversary (if applicable): ___ / ___ / ___

FEMALE HEAD OF HOUSE

MALE HEAD OF HOUSE

Hebrew Name _____ Hebrew Name _____

Mother's Hebrew Name _____ Mother's Hebrew Name _____

Date of Birth _____ Date of Birth _____

Occupation _____ Occupation _____

Can you chant Torah? Yes___ No___ Can you chant Torah? Yes___ No___

Marriage Date _____ Cohan___ Levite___ Israelite___

DEPENDENT CHILDREN

English Name

Hebrew Name

Date of Birth

ADULT CHILDREN

Name	Address	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Yahrzeit Data

Name	Relationship	Hebrew or English Date of Death
_____	_____	_____
_____	_____	_____
_____	_____	_____

With which Jewish organizations are you affiliated?

List Jewish Interests _____

List General Interests _____

How did you hear about Beth Israel? _____

What are you looking for in a Synagogue? _____

Signature _____ Date _____