



Please print or type

Name(s) _____

Home Address _____ Home Phone _____ listed / unlisted

City _____ State _____ Zip Code _____

Do you have an out-of-town address? _____

Marital Status: single married _____ divorced separated widowed
(date of marriage)

Please circle type of membership:

family, individual, senior couple, senior single, young adult couple, young adult single, dual

Member Information		
	Adult 1	Adult 2
Full Name		
Hebrew Name		
E-mail Address		
Cell Phone		
Date of Birth		
Occupation		
Retired	Yes / No	Yes / No
Business Name		
Business Address		
Business Phone		

Background / Jewish Skills / Interests		
Were you born Jewish?	Yes / No	Yes / No
Conversions: Congregation / location & date		
Are you a Kohen or a Levi? If yes, which one?		
Do you have other family affiliated with Adath Israel? Please list		
Speak / Read Hebrew		
Years of Religious School		
Lead Services		
Chant Torah / Haftorah		
Chant Kiddush		
Bless Sabbath Candles		

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Yahrzeits		
English & Hebrew Names Relationship Date & time of death		
English & Hebrew Names Relationship Date & time of death		
English & Hebrew Names Relationship Date & time of death		

Religious & Cultural Data		
Current Synagogue Affiliation & Location		
Are you affiliated with any other Jewish Organizations?		
Have you participated in community projects or services? – please list		

	Child 1	Child 2	Child 3	Child 4
First & Middle Name				
Surname (if different)				
Hebrew name				
Birthdate				
Previous Religious School				
Bar/Bat Mitzvah date				

Congregation Participation					
Please check off those areas of interest where you may want to volunteer					
	Adult 1	Adult 2		Adult 1	Adult 2
Ritual			Membership		
Fundraising			Programs		
Religious School			Social Activities		
Teaching			Library		
Youth Activities			Publicity		
Adult Education			Sisterhood		
House & Grounds			Men's Club		
Hospitality			Other		

How did you hear about us? Circle one:

Newspaper Facebook Website Search Relative Friend Other_____

Agreement: I / We hereby make application for membership in Congregation Adath Israel.

(Signed)_____ (Signed)_____ Date_____

To what Email address should invoices be sent? _____

Please include \$250 with application to be applied towards membership dues.

Please mail completed form to: Congregation Adath Israel, P.O. Box 623, Newtown, CT 06470