

Surf City Synagogue Membership Form

How did you hear about Surf City Synagogue? _____

Information you furnish will be kept confidential. It is intended for our records only. (Please print clearly)

Adult Members	Member 1	Member 2
Last Name		
First Name		
Date of Birth		
Hebrew Name		

Marital Status: Single Separated Divorced Widowed Married - Date _____

Home Address		
City and Zip		
Home Phone		
Home Fax		
Home Email		
Cellular Phone		

May we print the above information in our directory? _____ Yes _____ No

Business Information	Member 1	Member 2
Job Title		
Company Name		
Address		
City and Zip		
Business Phone		
Business Fax		
Business Email		

May we print the above information in our directory? _____ Yes _____ No

Child Info	Child 1	Child 2	Child 3	Child 4
First Name				
Last Name				
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth				
Hebrew Name				

Yahrzeits

Please indicate whether you observe English Date or Hebrew Date

Name	Relationship/To Whom	Deceased Date

We encourage all congregants to take an active part in the SCS Community. Please indicate the area where you have an interest. Please indicate Member 1 or Member 2.

- | | | |
|---|--|--|
| <input type="checkbox"/> ¹ <input type="checkbox"/> ² Adult Education | <input type="checkbox"/> ¹ <input type="checkbox"/> ² Dancing | <input type="checkbox"/> ¹ <input type="checkbox"/> ² Seniors |
| <input type="checkbox"/> ¹ <input type="checkbox"/> ² Baking/Cooking | <input type="checkbox"/> ¹ <input type="checkbox"/> ² Fundraising | <input type="checkbox"/> ¹ <input type="checkbox"/> ² Sisterhood |
| <input type="checkbox"/> ¹ <input type="checkbox"/> ² Brotherhood | <input type="checkbox"/> ¹ <input type="checkbox"/> ² Greeters/Usher | <input type="checkbox"/> ¹ <input type="checkbox"/> ² Social Action |
| <input type="checkbox"/> ¹ <input type="checkbox"/> ² Chesed | <input type="checkbox"/> ¹ <input type="checkbox"/> ² Havurah | <input type="checkbox"/> ¹ <input type="checkbox"/> ² Youth Activities |

Are you interested in organizing and/or leading a group and/or activity? _____ Yes _____ No

If yes, please explain

Religious Background

When I was growing up, my family was affiliated with a congregation that was
(Please indicate Member 1 or 2)

Reform ¹ ² Conservative ¹ ² Orthodox ¹ ² Not Affiliated ¹ ² Not Jewish ¹ ²

Current/previous congregational affiliation _____ Name of Congregation _____

Is there anything special about you or your family that you want the synagogue office and/or leadership to be aware of? If yes, please explain.

Please Print Clearly