

# Congregation B'nai Israel

## New Member Information Sheet



<b>FAMILY INFORMATION</b>		
Family Last Name:		
Street Address:		
City:	State:	Zip Code:
Home Phone:	Wedding Anniversary:    /    /	
<b>Adult #1:</b> <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.		
First Name:	Last Name:	Hebrew Name:
Occupation:		Work Phone:
Cell Phone:	Birth date:    /    /	Email:
<b>Adult #2:</b> <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.		
First Name:	Last Name:	Hebrew Name:
Occupation:		Work Phone:
Cell Phone:	Birth date:    /    /	Email:
<b>CHILDREN INFORMATION</b>		
Name:		Hebrew Name:
Birth date:    /    /		Email Address:
Name:		Hebrew Name:
Birth date:    /    /		Email Address:
Name:		Hebrew Name:
Birth date:    /    /		Email Address:
<b>PHOTO RELEASE</b>		
We use photos from programming events to update our website and promotional material. If you would prefer that photos of you and your family NOT appear on our materials, please let us know:		
My Family <input type="checkbox"/> <b>May</b> <input type="checkbox"/> <b>May NOT</b> have their photos used for promotional purposes.		

**Yahrzeit Information**

We will be happy to send you a notification before your loved one's Yahrzeit (anniversary of their death). This information will help you plan and prepare, in advance, when to light your Yahrzeit candle and attend services to recite Kaddish. Your Loved one's names(s) will be listed in the appropriate Shabbat program and announced during the corresponding Shabbat service.

Name:	Relationship to You:
Date of Death:	A.M. or P.M. (Please Circle)
Are You Currently Receiving Notification from US? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name:	Relationship to You:
Date of Death:	A.M. or P.M. (Please Circle)
Are You Currently Receiving Notification from US? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name:	Relationship to You:
Date of Death:	A.M. or P.M. (Please Circle)
Are You Currently Receiving Notification from US? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name:	Relationship to You:
Date of Death:	A.M. or P.M. (Please Circle)
Are You Currently Receiving Notification from US? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name:	Relationship to You:
Date of Death:	A.M. or P.M. (Please Circle)
Are You Currently Receiving Notification from US? <input type="checkbox"/> Yes <input type="checkbox"/> No	