



NEW MEMBER INFORMATION

CHISUK EMUNA CONGREGATION

P.O. Box 5507 | Harrisburg, PA 17110 | (717) 232-4851 | chisukemuna@comcast.net | Located at Fifth & Division Streets

	MEMBER <input type="checkbox"/> Male <input type="checkbox"/> Female	MEMBER <input type="checkbox"/> Male <input type="checkbox"/> Female
Full Name <i>(Dr., Mr., Mrs., Ms., etc.)</i>		
Occupation		
Business Address		
Business Phone Number		
Business Email		

Does your family observe any *yahrtzeits* (anniversaries of death)? If yes, please complete the list below so that we might help you to commemorate your loved ones. Use the back of this sheet for more names if necessary.

NAME OF DECEASED	DATE OF DEATH	RELATED TO WHOM?	RELATIONSHIP TO DECEASED

I need assistance determining *yahrtzeit* dates

Are you interested in receiving information about any Synagogue groups? *(Check all that apply)*

- Brotherhood Sisterhood Youth Groups *Bikkur Cholim* (Visiting the sick)
 Care Committee Hebrew School Adult/Family Ed. Other _____

Do you have any special skills or interests that you might like to share with the synagogue?

(Check all that apply)

- Read Torah/Haftorah Lead Services Synagogue Beautification
 Teach/Volunteer Education Programs Office Admin. Kitchen assistance/ "Baking Ladies"
 Building & Grounds Technology/IT Childcare
 Daily Minyan (Morning Evening) Social Action Israel
 Other _____

Do you have any special needs that we might be able to help accomodate?

How would you like to hear about upcoming Synagogue events and services? *(Check all that apply)*

- Home Email Business Email Residential Mail

Is there anything about you or your family that you would like us to know?
