



# CHISUK EMUNA CONGREGATION

3219 Green Street | Harrisburg, PA 17110 | (717) 232-4851 | www.chisukemuna.org

## APPLICATION FOR MEMBERSHIP

Family Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

	APPLICANT	APPLICANT
Full Name		
Preferred Pronouns		
Hebrew Name ( <i>If known</i> )		
Date of Birth		
Home Phone No.		
Cell Phone No.		
Email Address		
Occupation		
Tribe	<input type="checkbox"/> <i>Kohen</i> <input type="checkbox"/> <i>Levi</i> <input type="checkbox"/> <i>Yisrael</i>	<input type="checkbox"/> <i>Kohen</i> <input type="checkbox"/> <i>Levi</i> <input type="checkbox"/> <i>Yisrael</i>
Date of Conversion ( <i>If applicable</i> )		
Date of Bar/Bat Mitzvah ( <i>If applicable</i> )		
Date of Marriage ( <i>If applicable</i> )		
Father's Name ( <i>English</i> )		
Father's Name ( <i>Hebrew, if known</i> )		
Mother's Name ( <i>English</i> )		
Mother's Name ( <i>Hebrew, if known</i> )		

CHILDREN	English Name	Hebrew Name*	Date of Birth	Grade	Date of Bar/Bat Mitzvah

\*Hebrew names may be written in English or Hebrew characters.



# NEW MEMBER INFORMATION

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**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	Did Death Occur After Sundown	Related to Whom?	Relationship to Deceased

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

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Brotherhood                         | <input type="checkbox"/> Sisterhood                             | <input type="checkbox"/> Youth Groups         | <input type="checkbox"/> <i>Bikkur Cholim</i> (Visiting the sick) |
| <input type="checkbox"/> Care Committee                      | <input type="checkbox"/> Hebrew School                          | <input type="checkbox"/> Adult/Family Ed.     | <input type="checkbox"/> Singing Community Gathering              |
| <input type="checkbox"/> Strength Through Action Team (STAT) | <input type="checkbox"/> <i>Chevra Kadisha</i> (Burial Society) | <input type="checkbox"/> Mindful Jewish Aging | <input type="checkbox"/> Other _____                              |

**Do you have any special skills or interests that you might like to share with the synagogue?** *(Check all that apply)*

- |   |  |                                      |
|---|--|--------------------------------------|
| <input type="checkbox"/> Read Torah/Haftarah  | <input type="checkbox"/> Lead Services             | <input type="checkbox"/> Childcare   |
| <input type="checkbox"/> Teach/Volunteer Education Programs   | <input type="checkbox"/> Office Admin.             | <input type="checkbox"/> Israel      |
| <input type="checkbox"/> Building & Grounds   | <input type="checkbox"/> Technology/IT             | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Daily Minyan<br><i>(<input type="checkbox"/> Morning <input type="checkbox"/> Evening)</i> | <input type="checkbox"/> Social Action             |                                      |
|   | <input type="checkbox"/> Synagogue Beautification  |                                      |
|   | <input type="checkbox"/> Kitchen assistance/Baking |                                      |

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

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

- Email       Business Email       Residential Mail

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

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