



# CHISUK EMUNA CONGREGATION

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

## APPLICATION FOR MEMBERSHIP

Married  Single

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

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

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

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

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

	APPLICANT	APPLICANT
Full Name <i>( Dr., Mr., Mrs., Ms., etc.)</i>		
Hebrew Name *		
Date of Birth		
Home Phone No.		
Cell Phone No.		
Email Address		
Tribe	<input type="checkbox"/> <i>Kohen</i> <input type="checkbox"/> <i>Levi</i> <input type="checkbox"/> <i>Yisroel</i>	<input type="checkbox"/> <i>Kohen</i> <input type="checkbox"/> <i>Levi</i> <input type="checkbox"/> <i>Yisroel</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*)</i>		
Mother's Name <i>(English)</i>		
Mother's Name <i>(Hebrew*)</i>		

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

FOR OFFICE USE: DO NOT WRITE:	RECOMMENDED FOR MEMBERSHIP:
	<i>Signatures:</i> _____ <i>Membership Chairman</i> _____ <i>Rabbi</i> _____ <i>Date</i> _____
FOR OFFICE USE: DO NOT WRITE:	ACCEPTED BY BOARD:
	<i>Signature:</i> _____ <i>President</i> _____ <i>Date</i> _____

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



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## NEW MEMBER INFORMATION

	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?**

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