

# Membership Form - Bialystoker Synagogue

Please mail or fax this form to: *Bialystoker Synagogue* 7-11 Willet Street,  
New York, New York 10002, Fax (212)420-8660

Name \_\_\_\_\_  
Home Address \_\_\_\_\_ Apartment \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Mobile Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

## Business Information

Occupation \_\_\_\_\_  
Company Name \_\_\_\_\_  
Type of Business \_\_\_\_\_  
Business Address \_\_\_\_\_  
Business City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

## Birthdays

Date of Birth (Secular) \_\_\_\_\_ Date of Birth (Hebrew) \_\_\_\_\_

## Names

Your Hebrew Name \_\_\_\_\_  
Father's Hebrew Name \_\_\_\_\_  
Mother's Hebrew Name \_\_\_\_\_

## For married applicants only

Spouse's Name \_\_\_\_\_  
Spouse's Hebrew Name \_\_\_\_\_  
Spouse's Father's Hebrew Name \_\_\_\_\_  
Spouse's Mother's Hebrew Name \_\_\_\_\_  
Spouse's email address \_\_\_\_\_  
Anniversary Date \_\_\_\_\_  
Children's names and birthdays \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Education

Describe your Jewish education: \_\_\_\_\_  
\_\_\_\_\_  
Describe your General education: \_\_\_\_\_  
\_\_\_\_\_

## For male applicants only

Bar Mitzvah Parsha \_\_\_\_\_ Please circle one: Kohen    Levi    Yisroel  
Synagogue Skills (please circle all that apply):  
Daven (Which services? \_\_\_\_\_)    Read the Torah    Read the Haftorah    Act as Gabbai

**Yartzeits**

*Yartzeit #1*

English Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_

Relationship \_\_\_\_\_ Father's Hebrew Name \_\_\_\_\_

Secular Date \_\_\_\_\_ Hebrew Date \_\_\_\_\_

*Yartzeit #2*

English Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_

Relationship \_\_\_\_\_ Father's Hebrew Name \_\_\_\_\_

Secular Date \_\_\_\_\_ Hebrew Date \_\_\_\_\_

*Yartzeit #3*

English Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_

Relationship \_\_\_\_\_ Father's Hebrew Name \_\_\_\_\_

Secular Date \_\_\_\_\_ Hebrew Date \_\_\_\_\_

**Shul Involvement**

Please check off the committee(s) you would like to work on

- |  |                                       |   |
|--|---------------------------------------|---|
| <input type="checkbox"/> newsletter            | <input type="checkbox"/> sisterhood   | <input type="checkbox"/> fundraising          |
| <input type="checkbox"/> public relations      | <input type="checkbox"/> Bikur Cholim | <input type="checkbox"/> community liaison    |
| <input type="checkbox"/> ritual                | <input type="checkbox"/> gift shop    | <input type="checkbox"/> adult education      |
| <input type="checkbox"/> buildings and grounds | <input type="checkbox"/> publicity    | <input type="checkbox"/> Kiddush arrangements |
| <input type="checkbox"/> membership            | <input type="checkbox"/> youth groups |   |

Are there any special skills or contacts you have that would be helpful to the shul and our community?

\_\_\_\_\_  
\_\_\_\_\_

What type of programs would you like the shul to offer?

\_\_\_\_\_  
\_\_\_\_\_

Would you like to receive shul information via email? yes \_\_\_\_\_ no \_\_\_\_\_

**Comments**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_