

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 Haftarah 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

