



5781 (2020-2021)

Membership Family Record - Page 1 of 2

NOTE TO RETURNING FAMILIES:

Please complete this form so that we may verify/update our records.

Thank you!

Please Check One: New Member Returning Member

	Adult Member A		Adult Member B	
Title (Dr, Mr, Mrs, Ms, etc.):				
Full Name:				
Hebrew Name:				
Address:	City:		State:	Zip:
Home Phone:	A ()		B ()	
Cell Phone:	A ()		B ()	
Email Address:	A.		B.	
Birthdate:	/ /	am / pm	/ /	am / pm
Ok to include email & cell in membership roster?:	A. Email: <input type="checkbox"/> Yes <input type="checkbox"/> No	A. Cell: <input type="checkbox"/> Yes <input type="checkbox"/> No	B. Email: <input type="checkbox"/> Yes <input type="checkbox"/> No	B. Cell: <input type="checkbox"/> Yes <input type="checkbox"/> No
Occupation: Employer:				
Job Title:				
Bus. Phone:				
NEW: EMERGENCY CONTACT	NAME:		PHN # () -	
Do you read Hebrew?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> some		<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> some	
Do you wish to participate in services?	<input type="checkbox"/> Yes/Occasionally	<input type="checkbox"/> No	<input type="checkbox"/> Yes/Occasionally	<input type="checkbox"/> No
	<input type="checkbox"/> English Section	<input type="checkbox"/> Aliyot	<input type="checkbox"/> English Section	<input type="checkbox"/> Aliyot
	<input type="checkbox"/> Hebrew Section	<input type="checkbox"/> Torah Portion	<input type="checkbox"/> Hebrew Section	<input type="checkbox"/> Torah Portion
Wedding Anniversary:	/ /			
Volunteer Time - I am able to help with:	<input type="checkbox"/> Event <input type="checkbox"/> Feed the Needy <input type="checkbox"/> Fundraisers <input type="checkbox"/> High Holidays		<input type="checkbox"/> Event <input type="checkbox"/> Feed the Needy <input type="checkbox"/> Fundraisers <input type="checkbox"/> High Holidays	
	<input type="checkbox"/> Office <input type="checkbox"/> Relig. School <input type="checkbox"/> Repairs/Mnt. <input type="checkbox"/> Wellness Calls		<input type="checkbox"/> Office <input type="checkbox"/> Relig. School <input type="checkbox"/> Repairs/Mnt. <input type="checkbox"/> Wellness Calls	
Other:			Other:	
How did you hear about Congregation B'nai Emet?:	<input type="checkbox"/> Friend/Family		<input type="checkbox"/> Social Media <input type="checkbox"/> Newspaper <input type="checkbox"/> Flyer	
	<input type="checkbox"/> Returning Member		<input type="checkbox"/> Street Fair <input type="checkbox"/> Google/Website <input type="checkbox"/> Other: _____	
Children Included in Family Membership				
Name:				
Hebrew Name				
Gender				
Date of Birth				
Address				
City, State, Zip Code				
Cell Phone				
Child's Email				
Name of School Child Attends				
Grade				
CBE Religious School?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bar/Bat Mitzvah Date:				