



CONGREGATION ETZ HADAR

Membership Application

Date _____

Family Name _____
(Please print name exactly as you wish to be listed in the CEH Directory)

Home Address _____
(Street) (City) (State) (Zip)

Home Phone (____) _____ Cell(your) _____ Cell (spouse) _____

Email(your) _____ (spouse) _____

Marital Status: () Single () Married _____ (Anniversary Date)

INFORMATION	YOUR INFORMATION	SPOUSE INFORMATION
Name		
Date of Birth		
Occupation		
Business Name		
Business Phone		
Hebrew Name (add Cohen or Levi if appropriate)		

CHILDREN				
First Name				
Surname if different				
Hebrew Name				
Birth date				
Male/ Female				
If Student, Name of School & Grade				
Date of Bar/Bat Mitzvah				

PLEASE ENTER YOUR NAME(S) IN AREAS OF EXPERTISE OR INTEREST (16 or older)					
<u>YOUTH</u> (SCHOOL)	<u>RITUAL LIFE</u> (CALENDAR)	<u>EDUCATION &</u> <u>PROGRAMMING</u>	<u>BUILDING &</u> <u>GROUND</u> S	<u>COMMUNITY</u> <u>RELATIONS</u>	<u>WAYS & MEANS</u> (FINANCE)