

Congregation Mogen David

MEMBERSHIP APPLICATION & INFORMATION FORM

Today's Date _____ Male Female Single Married

Full Name _____

Address _____
Street City Zip

Home Phone _____ Cell Phone _____

Email Address _____

Date of Birth _____ Occupation _____

Business Name _____ Work Phone _____

Hebrew Name _____ Parents' Names _____

Single Membership/
\$618.00 (1 ticket for High Holidays)

Family Membership/
\$1,118.00 per couple (2 tickets for High Holidays)

Spouse's Name _____ Cell Phone _____

Email Address _____

Date of Birth _____ Occupation _____

Business Name _____ Work Phone _____

Hebrew Name _____ Parents' Names _____

Wedding Anniversary Date _____ Are you a Cohen, Levi, Israelite? (circle one)

Please list all Yahrzeits you would like us to commemorate

Name _____ Date _____ Relationship _____

Name _____ Date _____ Relationship _____

Name _____ Date _____ Relationship _____

Name _____ Date _____ Relationship _____

- Please Turn Over and Complete Other Side -

Please list all your children under the age of 21

Name _____ Male Female DOB _____

School Attending _____ Grade _____



Name _____ Male Female DOB _____

School Attending _____ Grade _____



Name _____ Male Female DOB _____

School Attending _____ Grade _____



Name _____ Male Female DOB _____

School Attending _____ Grade _____



Name _____ Male Female DOB _____

School Attending _____ Grade _____

Please check any of the following activities you would attend:

- | | | | |
|----------------------------|--------------------------|----------------------------------|--------------------------|
| Saturday Morning Services | <input type="checkbox"/> | Weekday Morning/Evening Services | <input type="checkbox"/> |
| Friday Night Services | <input type="checkbox"/> | High Holy Day Services | <input type="checkbox"/> |
| Holiday Services | <input type="checkbox"/> | Yizkor Services | <input type="checkbox"/> |
| Havurah Group Activities | <input type="checkbox"/> | Men's Club Activities | <input type="checkbox"/> |
| Adult Education Activities | <input type="checkbox"/> | Sisterhood Activities | <input type="checkbox"/> |

SUGGESTIONS: Please indicate when you would attend any of the above activities and what kind of subjects you would be interested in studying.

COMMENTS: _____

