

# MEMBERSHIP FORM

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## *Ezra-Habonim, the Niles Township Jewish Congregation*



(1) Last Name: _____	First _____
Hebrew Name: _____ v' _____	Occupation: _____
Title: _____ (Mr/Mrs/Dr/Judge)	
Birth date: ____/____/____	Bar/Bat Mitzvah Date: _____
Anniversary Date: _____	
(2) Last Name: _____	First _____
Hebrew Name: _____ v' _____	Occupation: _____
Title: _____ (Mr/Mrs/Dr/Judge)	
Birth date: ____/____/____	Bar/Bat Mitzvah Date: _____
Anniversary Date: _____	

Home Address: _____	Street	Apt.#	
_____			
City	State	Zip	
Home Phone: _____	Cell Phone: _____		
E-mail: _____	Business Phone: _____		
Winter Address: _____	Street	Apt.#	
_____			
City	State	Zip	Phone

Signature of Member: \_\_\_\_\_ Date: \_\_\_\_\_  
Date Form Completed: \_\_\_\_\_ Date Joined: \_\_\_\_\_

*Information provided is confidential and for the synagogue database only*

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## CHILDREN:

1) Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Birthday \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Bar/Bat Mitzvah Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Torah Portion \_\_\_\_\_ Haftarah \_\_\_\_\_

Grade in Religious School \_\_\_\_\_ Grade in Public School \_\_\_\_\_

2) Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Birthday \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Bar/Bat Mitzvah Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Torah Portion \_\_\_\_\_ Haftarah \_\_\_\_\_

Grade in Religious School \_\_\_\_\_ Grade in Public School \_\_\_\_\_

3) Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Birthday \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Bar/Bat Mitzvah Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Torah Portion \_\_\_\_\_ Haftarah \_\_\_\_\_

Grade in Religious School \_\_\_\_\_ Grade in Public School \_\_\_\_\_

## Yahrzeit Remembrance:

Name: \_\_\_\_\_ Relation to you: \_\_\_\_\_

Date of death: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Hebrew Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Hebrew Name: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to you: \_\_\_\_\_

Date of death: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Hebrew Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Hebrew Name: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to you: \_\_\_\_\_

Date of death: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Hebrew Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Hebrew Name: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to you: \_\_\_\_\_

Date of death: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Hebrew Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Hebrew Name: \_\_\_\_\_

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1. **What brings you to Ezra-Habonim, the Niles Township Jewish Congregation?**

Religious School

Programming

Neighborhood Location

Desire to be involved in Jewish Community

Family Relationships with EHNTJC

Name \_\_\_\_\_

Friends are members

Name(s) \_\_\_\_\_

Other \_\_\_\_\_

2. **How did you hear about us?**

Referred by \_\_\_\_\_

Saw an advertisement about our programs

Attended Services

Other \_\_\_\_\_

3. **I/We are interested in being part of the EHNTJC and would like to join/volunteer in the following areas:**

Adult Education

Building/Grounds

Caring Committee

Communications

Membership

Men's Club

Religious Education

Religious Service

Sisterhood

Social Action

Strategic Planning

Ways & Means

Youth

Other Interests \_\_\_\_\_

4. **I/We are available to volunteer for:**  Mailings  Phone Calls  Setting up for Events

5. **Areas of expertise which you would be willing to share with the congregation:**

Davening or leading services

Reading Torah or Haftorah

Finance

Public Relations/Marketing

Security

Other \_\_\_\_\_