

MEMBERSHIP INFORMATION

(for office use only)

Date joined _____

	<i>"A" member must be Jewish</i>	<i>"B" is spouse/partner</i>
	"A" Member	"B" Member
Member Name		
Title – Mr./Mrs./Ms./Dr./other		
Primary Address		
City		
State/Zip Code		
Home Phone		
Email		
Cell Phone		
DATE of BIRTH (mo/dy/yyyy)		
Marital Status (M/S/D/W)		
Wedding Anniversary(mo/dy/yyyy)		
Sex (M/F)		
Bar/Bat Mitzvah Date		
<i>Are you - Cohen - Levi - Israelite</i>		
Hebrew Name <i>(use English letters, include ben or bat)</i>		
Occupation		
Business Phone		
Jewish by Birth or by Conversion		
<i>Would you be interested in:</i>		
Reading Hebrew (Y/N)		
Leading Services (Y/N)		
Reading Torah (Y/N)		
Reading Haftarah (Y/N)		

Previous synagogue affiliations: _____

Preferred mailing address: _____

If you have a second home, please complete this information:

Date leave primary address (mmdd) _____ Date return to primary address (mmdd) _____

Second phone # _____

Second address _____

(over)

CHILDREN

NAME	HEBREW NAME	DATE OF BIRTH

If you wish to be notified for a yahrzeit:

Yahrzeit

Name of Deceased	Relationship of which member listed on other side	English date of death mo/dy/yyyy	Hebrew date of death mo/dy/yyyy

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Hazzan Ivor Lichterman