

CONGREGATION BENE SHALOM

MEMBERSHIP FORM

Name _____
Hebrew Name (if known) _____ Hearing _____ Deaf _____
Spouse _____
Hebrew Name (if known) _____ Hearing _____ Deaf _____
Home Address _____
City _____ State _____ Zip Code _____
Home email _____ Spouse Home email _____
Home Phone _____ Cell phone _____
Business Name _____ Phone (Wk.) _____
Business Address _____ City _____
Spouse Business Name _____ Phone (Wk.) _____
Business Address _____ City _____
Your Birth Date _____ Spouse Birth Date _____
Anniversary Date _____ Date of Membership Application _____
Children's Names (Use other side to list additional children)
Name _____ Hebrew Name _____ Birth Date _____
Hearing _____ Deaf _____ Married _____ Single _____
Name _____ Hebrew Name _____ Birth Date _____
Hearing _____ Deaf _____ Married _____ Single _____
Name _____ Hebrew Name _____ Birth Date _____
Hearing _____ Deaf _____ Married _____ Single _____

Type of Membership:
Family _____ Single _____ Sr. Couple _____ Sr. Single _____ Student _____ Out-of-Town _____
In case of emergency, contact _____ Phone _____

If you would like us to note the Yartzeit/anniversary of the death of loved ones so that we can mention their names at Shabbat services, please list:

Name of deceased: _____ Relationship: _____
English date of death: _____ Hebrew date of death: _____ (optional)
Name of deceased: _____ Relationship: _____
English date of death: _____ Hebrew date of death: _____ (optional)
I heard about the synagogue through _____

Please contact our office for more information
4435 Oakton, Skokie, IL 60076
847/677-3330 voice 224/534-0029 vp 847/677-7298 fax