

# Congregation Shaarei Shalom

5919 Riverdale Avenue  
Riverdale, New York 10471

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## 2009/2010 Membership Form

**PLEASE PRINT**

**For Official Use Only:**

Dues Payable: \$ \_\_\_\_\_

FOC Authorization: \_\_\_\_\_

<b>Type of Membership:</b>	Single _____	Family _____	
<b>Name/s of Adult Member/s:</b>	_____	_____	<b>Birthday:</b> _____
			<b>Birthday:</b> _____
	<b>Marriage/Anniversary Date:</b> _____		
<b>Children:</b>	_____	_____	<b>Date of Birth:</b> _____
(Under age 25 residing at home)	_____	_____	<b>Date of Birth:</b> _____
	_____	_____	<b>Date of Birth:</b> _____
<b>Mailing Address:</b>	<b>Street</b> _____		<b>Apt.</b> _____
	<b>City</b> _____	<b>State</b> _____	<b>Zip</b> _____
<b>Telephone Number:</b>	<b>Home</b> _____		
<b>e-mail address/es:</b>	_____	_____	
<b>Occupation/Profession:</b>	_____		
<b>Employer:</b>	_____	<b>Business Tel. #</b> _____	
<b>Business Address:</b>	_____	<b>City</b> _____	<b>Zip</b> _____
<b>Occupation/Profession:</b>	_____		
<b>Employer:</b>	_____	<b>Business Tel. #</b> _____	
<b>Business Address:</b>	_____	<b>City</b> _____	<b>Zip</b> _____

**I/we would like to volunteer my/our skills  
in the following areas:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Hebrew Name/s of Adult Member/s:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Hebrew Name/s of Children:**

(Under age 25 residing at home)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Family Yahrzeit Dates:      Relationship**

\_\_\_\_\_

**Name**

\_\_\_\_\_

**Date of Death – English**

\_\_\_\_\_

**or Hebrew**

\_\_\_\_\_

**Relationship**

\_\_\_\_\_

**Name**

\_\_\_\_\_

**Date of Death – English**

\_\_\_\_\_

**or Hebrew**

\_\_\_\_\_

**Relationship**

\_\_\_\_\_

**Name**

\_\_\_\_\_

**Date of Death – English**

\_\_\_\_\_

**or Hebrew**

\_\_\_\_\_

**Relationship**

\_\_\_\_\_

**Name**

\_\_\_\_\_

**Date of Death – English**

\_\_\_\_\_

**or Hebrew**

\_\_\_\_\_

**Relationship**

\_\_\_\_\_

**Name**

\_\_\_\_\_

**Date of Death – English**

\_\_\_\_\_

**or Hebrew**

\_\_\_\_\_

**Relationship**

\_\_\_\_\_

**Name**

\_\_\_\_\_

**Date of Death – English**

\_\_\_\_\_

**or Hebrew**

\_\_\_\_\_

**In Case of Emergency Notify:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Home Telephone Number:** \_\_\_\_\_

**Business Number:** \_\_\_\_\_

**I/we certify that the above information is correct and I/we will notify Congregation Shaarei Shalom of any changes.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_