



# CONGREGATION RODEPH SHOLOM

2385 PARK AVENUE, BRIDGEPORT, CT 06604

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## Individual One

## Individual Two

Title \_\_\_\_\_

\_\_\_\_\_

First Name/Middle Initial \_\_\_\_\_

\_\_\_\_\_

Last Name \_\_\_\_\_

\_\_\_\_\_

Date of Birth \_\_\_\_\_

\_\_\_\_\_

Phone (h) \_\_\_\_\_

\_\_\_\_\_

Phone (c) \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_\_

Marital Status \_\_\_\_\_

\_\_\_\_\_

Wedding Anniversary \_\_\_\_\_

Home Address: How long at present address? \_\_\_\_\_ Previous Address \_\_\_\_\_

Street: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

## Work Information

Occupation \_\_\_\_\_

\_\_\_\_\_

Business Name \_\_\_\_\_

\_\_\_\_\_

Street \_\_\_\_\_

\_\_\_\_\_

City, State, Zip: \_\_\_\_\_

\_\_\_\_\_

## Children

Name \_\_\_\_\_

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

Date of Birth \_\_\_\_\_

### Background Information

Are you a Kohen? \_\_\_\_\_ Levi? \_\_\_\_\_ Israelite? \_\_\_\_\_

Other family members affiliated with Rodeph Sholom (please list):

\_\_\_\_\_

\_\_\_\_\_

### Yahrzeit Information

First Name	Last Name	Hebrew Name	Relationship to Member	English Date of Death	Approximate Time of Day	Hebrew Date (if known)

### Interests and Skills

\_\_\_\_\_ I have an interest in volunteering, please have someone contact me.

Can you read Torah or Haftorah? Yes, Name \_\_\_\_\_

Would you like to usher on Shabbat \_\_\_\_\_ High Holidays \_\_\_\_\_

I/We hereby make application for membership to Congregation Rodeph Sholom, and agree to adhere to the constitution, by-laws and policies of the Synagogue throughout the time of our affiliation.

Signed \_\_\_\_\_ Date: \_\_\_\_\_