

Member Questionnaire

Mem. Type _____ (Member/Son/Regular/Yamim Norai'm/Holidays/Relative/Other)

Family	Address and Phone Numbers	
Family Name _____	Address _____	Fax _____
Status _____	City _____	Cellular _____
Number of children _____	State and Zip _____	Bus. Phone _____
	Phone _____	E-Mail _____

Man's	Woman's
Personal Details	
Name _____	_____
Hebrew Name for Aliyah _____	Hebrew Name _____
Parents' Names	
Father _____ Mother _____	Father _____ Mother _____
Date of Birth _____	_____
Profession _____	_____
Company Name _____	_____

Tefillah and Aliyot Details	Children																				
Minyan _____ Type _____ (Kohen/Levi/Israel) Hebrew Yahrzeit Dates Father _____ Mother _____ <small>Month Day Month Day</small> Regular Aliyah for Hebrew Week OF _____ <small>Month Day</small> On Parasha/Shabbat _____	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:25%;">Name</th> <th style="width:10%;">Sex</th> <th style="width:25%;">Date Of Birth</th> <th style="width:40%;">Parasha</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>	Name	Sex	Date Of Birth	Parasha	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Name	Sex	Date Of Birth	Parasha																		
_____	_____	_____	_____																		
_____	_____	_____	_____																		
_____	_____	_____	_____																		
_____	_____	_____	_____																		

Additional Hebrew Yahrzeit Dates			
Month	Day	Name	Relation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Remarks _____

