

# MOSES MONTEFIORE CONGREGATION

## Member Profile Information

Full completion of this application form is optional.  
 Feel free to fill out whatever information you have available at this time.

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

Spouse's Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Work phone#: \_\_\_\_\_ Spouse's work phone#: \_\_\_\_\_

Name(s) - English and Hebrew - and date(s) of birth and grade(s) of children

Name	Hebrew Name	DOB	Grade

Yahrzeit Information (Anniversary of deceased loved ones): Please list the full name(s) - both Hebrew and English and Hebrew date of death if known. Please list deceased's relationship i.e. parent, spouse, sibling, child.

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Synagogue Participation: I (we) have an interest in participating in one or more of the following Synagogue activities and/or committees circled below:

1. Ritual Committee	2. Torah Reading/Services
3. Children/Teen Education	4. Board Member
5. Newsletter/Publicity	6. Building/Facilities
7. Social / Social Action	8. Fundraising
9. Finance/Budget	10. Membership/Marketing