

Malibu Jewish Center & Synagogue

Membership Contact Information 2008-2009

Name Title (Mr., Mrs., Ms., Dr.) _____
(Last Name, Middle Name, First Name)

Name Title (Mr., Mrs., Ms., Dr.) _____
(Last Name, Middle Name, First Name)

Home Residence: _____
Address City Zip Code Phone Number

Billing Address: _____
Address City Zip Code Phone Number

Marital Status: Married / / Single Widowed Divorced Separated Couple (check one)
Date

	ADULT #1	ADULT #2
Date of Birth		
Religious tradition in which you were raised		
Hebrew Name (if applicable)		
Mobile Phone Number		
Home Phone Number		
Home FAX Number		
Email Address		
Occupation or Profession		
Business Name / Type of Business		
Business Address / Phone Number		
Other Jewish organization affiliation		
Philanthropic Activities		

Yahrzeit Information (List of Deceased)

English Name	Hebrew Name	Relationship to whom	Date of Death (English)

Occasionally MJC&S will use synagogue generated photographs, in newsletter or other marketing. We (I) hereby give permission for use of any photo(s) in which our (my) family appears. _____
(Initial here)

Please See Reverse Side

Please fill in the following information as it applies to each of your children.

	CHILD #1	CHILD #2	CHILD #3	CHILD #4
First Name				
Middle Name				
Surname (if different)				
Hebrew Name				
Birth Date				
Male / Female				
If student, grade of school/University				
If preschool, name of school				
Biological or adopted				
Date of Bar/Bat Mitzvah				
Marital Status				
Name of his/her spouse (if married)				

(Please attach additional sheet with identical information for additional children)

How did you hear about MJC&S? *(check one)*

Pre-School Religious School Shabbat Service Friend *(name)* _____

Would you consider being part of a MJC&S Synagogue wide directory for members only

May we include you in our listing Yes No

Please See Reverse Side