

CONGREGATION GEMILUTH CHASSODIM

MEMBERSHIP INFORMATION

Adults living in household –full name

1. _____ DOB ____/____/____ (month, day, year)

Address _____

City _____ State _____ Zip code _____

Email _____ cell _____ Work phone _____

2. _____ DOB ____/____/____ (month, day, year)

Address _____

City _____ State _____ Zip code _____

Email _____ Cell _____ Work phone _____

List a P.O. Box if you would prefer mail sent there _____

Home Phone _____

Wedding Anniversary: ____/____/____ (month, day, year)

Children living at home

_____ DOB ____/____/____ (month, day, year)

_____ DOB ____/____/____ (month, day, year)

_____ DOB ____/____/____ (month, day, year)

_____ DOB ____/____/____ (month, day, year)

Adult Children NOT living at home to be contacted in an emergency:

Name _____ email _____ cell _____

Address _____

Name _____ email _____ cell _____

Address _____

Yahrzeit Information

Full Name	Relationship	Date of Passing (month, day, year)

In what city (and or) congregation did you grow up?

For each adult, please describe your religious background and upbringing (Reform, Conservative, Orthodox, converted, or other) What Jewish holidays did you celebrate and in what manner?



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For each adult: what activities or learning opportunities are you interested in? Do you have any programming suggestions? On which Temple committees or boards would you be willing to serve?

Are you a Cemetery member? _____ Do you plan to make use of our cemetery in the future? _____

Are you an Endowment Fund Member? _____ Would you like to remember the Temple or Endowment Fund in your will? _____ or have an inscription on the Endowment Monument? _____

Please feel free to use this page for additional information or comments.

Please return form to:
Congregation Gemiluth Chassodim
2021 Turner Street
Alexandria, LA
71301
