



Kehilla Community Synagogue Members Information Form, 2008-2009

NOTE: If you are renewing your membership this year, you need only give us information that has changed or been added this past year, so we can update our records. Thank you!

First Adult: (If two adults in household, please list in alphabetical order by last name)

First Name: _____ Last Name: _____

Nickname: _____ Gender Date of Birth (mm/dd/yy) _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Fax: _____

E-mail: _____ Occupation: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Billing address if different: _____

Talents, Skills, Interests: _____

In addition to receiving the monthly Kol Kehilla newsletter by snail mail, I would also like to receive it by email as a PDF file.

Second Adult:

First Name: _____ Last Name: _____

Nickname: _____ Gender Date of Birth (mm/dd/yy) _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Fax: _____

E-mail: _____ Occupation: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Billing address if different: _____

Talents, Skills, Interests: _____

In addition to receiving the monthly Kol Kehilla newsletter by snail mail, I would also like to receive it by email as a PDF file.

First Child: Date of Birth: (mm/dd/yy) _____ Gender: ____

First Name: _____ Middle Name: _____ Last Name: _____

Nickname: _____ School: _____ Grade: _____

Phone number: _____ E-mail: _____

Lives with: _____

Is there another household (parent/guardian) who should receive mail from Kehilla about this child? If so, please tell us.

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Send Mail to: _____ Send Bills to: _____

Second Child: Date of Birth: (mm/dd/yy) _____ Gender: ____

First Name: _____ Middle Name: _____ Last Name: _____

Nickname: _____ School: _____ Grade: _____

Phone number: _____ E-mail: _____

Lives with: _____

Is there another household (parent/guardian) who should receive mail from Kehilla about this child? If so, please tell us.

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Send Mail to: _____ Send Bills to: _____

Third Child: Date of Birth: (mm/dd/yy) _____ Gender: ____

First Name: _____ Middle Name: _____ Last Name: _____

Nickname: _____ School: _____ Grade: _____

Phone number: _____ E-mail: _____

Lives with: _____

Is there another household (parent/guardian) who should receive mail from Kehilla about this child? If so, please tell us.

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Send Mail to: _____ Send Bills to: _____