



CONGREGATION RODEPH SHOLOM
MEMBERSHIP APPLICATION

2385 Park Avenue, Bridgeport, CT 06604-1409
203-334-0159 Fax: 203-334-1411

Date: _____

Adult Male

Adult Female

Title: Dr. _____ Mr. _____

Dr. _____ Mrs. _____ Ms. _____

First Name/Middle Initial _____

Last Name: _____

Date of Birth: _____

Phone _____

Email _____

Marital Status _____

Wedding Anniversary _____

Home Address: How long at present address? _____ Previous Address: _____

Street: _____ City, State, Zip _____

Work Information:

Occupation _____

Business Name: _____

Street _____

City, State, Zip: _____

CHILDREN

Name: _____

Hebrew Name: _____

Date of Birth: _____

Nursery School: _____

BACKGROUND INFORMATION

Are you a Kohen? _____ A Levi? _____ An Israelite? _____

Other family members affiliated with Rodeph Sholom (please list): _____

YAHRZEIT INFORMATION

First Name	Last Name	Hebrew Name	Relationship to Member	English Date of Death	Approximate Time of Day	Hebrew Date (if known)

JEWISH INTERESTS AND SKILLS

_____ I am interested in volunteering, please have someone contact me.

_____ I am interested in singing in the choir, please have someone contact me.

Can you read Torah or Haftorah? Male _____ Female _____

Would you like to usher? Shabbat _____ High Holidays _____

I/We hereby make application for membership to Congregation Rodeph Sholom, and agree to adhere to the constitution and by-laws.

(Signed) _____ Date: _____