

Membership Application - Eitz Chayim



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

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

Street Address: \_\_\_\_\_ Apt \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Single  Engaged  Married    Wedding Date: \_\_\_\_\_

Separated  Divorced  Widow/er

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Member Info for Member 1

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

Preferred Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Birthday: (mm/dd/yyyy): \_\_\_\_\_

Bar/Bat Mitzvah Date: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_

Personal Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Title: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business email: \_\_\_\_\_

Preferred method of contact:

Home  Cell  Business Phone  Business Email  Personal Email

Were you born to a Jewish mother or father?  Yes  No

Were you raised Jewish?  Yes  No            If no, are you a Jew by Choice?  Yes  No

Member Info for Member 2

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

Preferred Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Birthday: (mm/dd/yyyy): \_\_\_\_\_

Bar/Bat Mitzvah Date: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_

Personal Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Title: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business email: \_\_\_\_\_

Preferred method of contact:

Home  Cell  Business Phone  Business Email  Personal Email

Were you born to a Jewish mother or father?  Yes  No

Were you raised Jewish?  Yes  No

If no, are you a Jew by Choice?  Yes  No

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How would you like your name(s) to appear on mailings?

(Examples: Mr. & Mrs. Cohen, Dr. & Dr. Cohen, David & Sarah Cohen)

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Do you own a cemetery property?  Yes  No

If yes, where: \_\_\_\_\_

Child One

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

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

Birthdate \_\_\_\_\_

Grade \_\_\_\_\_

Gender  M  F

Child Two

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

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

Birthdate \_\_\_\_\_

Grade \_\_\_\_\_

Gender  M  F

Child Three

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

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

Birthdate \_\_\_\_\_

Grade \_\_\_\_\_

Gender  M  F

Child Four

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

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

Birthdate \_\_\_\_\_

Grade \_\_\_\_\_

Gender  M  F

For additional children use additional page

Yahrzeit

Gender  M  F

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

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

Relationship \_\_\_\_\_

Death Date \_\_\_\_\_ Before/After Sunset \_\_\_\_\_

Hebrew Death Date \_\_\_\_\_

We will send you a reminder prior to the date. The name of your beloved will be read during the Shabbat service prior to the yahrzeit.

Which do you prefer to follow:  Hebrew dating  English dating

Check this box if you are interested in a memorial yahrzeit plaque to honor the sacred memory of your loved one.

Yahrzeit

Gender  M  F

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

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

Relationship \_\_\_\_\_

Death Date \_\_\_\_\_ Before/After Sunset \_\_\_\_\_

Hebrew Death Date \_\_\_\_\_

We will send you a reminder prior to the date. The name of your beloved will be read during the Shabbat service prior to the yahrzeit.

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Additional Yahrzeit – use additional pages

Yahrzeit

Gender  M  F

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

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

Relationship \_\_\_\_\_

Death Date \_\_\_\_\_ Before/After Sunset \_\_\_\_\_

Hebrew Death Date \_\_\_\_\_

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Yahrzeit

Gender  M  F

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

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

Relationship \_\_\_\_\_

Death Date \_\_\_\_\_ Before/After Sunset \_\_\_\_\_

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Additional Yahrzeit – use additional pages