

*Free Synagogue of Flushing*

136-23 Sanford Avenue, Flushing, NY 11355 ☆ Phone:718-961-0030 ☆ Fax: 718-961-0047

**New Member Information Form**

Single Under 35  Single/Single Parent  Family

**Mailing Information**

Address to: \_\_\_\_\_

Street: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Adult Members**

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

Hebrew Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Time of Day: \_\_\_\_\_

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

Hebrew Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Time of Day: \_\_\_\_\_

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

Hebrew Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Time of Day: \_\_\_\_\_

**Children**

Name:	Hebrew Name:	Birthdate:	Time of Day:	Grade:	Gender:
_____	_____	___/___/___	_____	_____	_____
_____	_____	___/___/___	_____	_____	_____
_____	_____	___/___/___	_____	_____	_____
_____	_____	___/___/___	_____	_____	_____

Please check if you are interested in:  Hebrew School  Family Religious Education

**Additional Contact Information**

Primary Phone: \_\_\_\_\_

Additional Phone(s): \_\_\_\_\_

Primary email: \_\_\_\_\_ Send Updates? Yes  No

Additional email: \_\_\_\_\_ Send Updates? Yes  No

∞ **New Member Information** ∞

Occupation and Place of Work

Member 1

Member 2 (if applicable)

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Anniversary (if applicable): \_\_\_\_\_

**Yahrzeit Information**

Name	Relationship	Date Passed	Time of Day
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<hr/>			
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Would you like to observe with the Jewish  or Gregorian  calendar?

**Temple Interests**

Adult Education  Volunteering  Religious School  Activities & Events

**Committees**

Education  Finance  House  Legal & By-laws  Membership   
Ritual  Special Events  Public Relations  Caring  Women's Society  Men's Society

**Automobile Information**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

License: \_\_\_\_\_

**Previous Synagogue Affiliation**

\_\_\_\_\_

**Comments**

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_