

# 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: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_  
Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
Hebrew Name: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_  
Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
Hebrew Name: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_

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

### Children

Name:	Hebrew Name:	Birthdate:	Grade:	Gender:
_____	_____	___/___/___	_____	_____
_____	_____	___/___/___	_____	_____
_____	_____	___/___/___	_____	_____
_____	_____	___/___/___	_____	_____

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

### Additional Contact Information

Primary Phone: \_\_\_\_\_  
Additional Phone(s): \_\_\_\_\_  
Primary email: \_\_\_\_\_ Receive Updates? Yes  No

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

**Occupation and Place of Work**

Member 1:

Member 2 (if applicable):

_____	_____
_____	_____
_____	_____
_____	_____

**Yahrzeit Information**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date Passed: \_\_\_\_\_ Time of Day: \_\_\_\_\_

_____	_____	___/___/___	AM <input type="checkbox"/> PM <input type="checkbox"/>
_____	_____	___/___/___	AM <input type="checkbox"/> PM <input type="checkbox"/>
_____	_____	___/___/___	AM <input type="checkbox"/> PM <input type="checkbox"/>
_____	_____	___/___/___	AM <input type="checkbox"/> PM <input type="checkbox"/>

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

**Automobile Information**

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

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

**Previous Synagogue Affiliation**

\_\_\_\_\_

**Comments**

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

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