



## Poale Zedeck Membership Form

Name (s) \_\_\_\_\_

Hebrew Name(s) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Home Phone Number \_\_\_\_\_

Cell Phone Number (s) \_\_\_\_\_

May we add your phone number to our Phone Tree? Yes/No

Email Address (es) \_\_\_\_\_

\_\_\_\_\_

### Yahrzeit Information

Name of Deceased \_\_\_\_\_

English Date of Death \_\_\_\_\_

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

Relation to Deceased \_\_\_\_\_

### Which level of membership are you requesting? (Please circle one)

Married Couples Including Families – 36 and older Married

Couples Including Families – 35 and younger Singles

Single

Student

### Were you (and your spouse/children) born Jewish?

If you converted, please supply documentation of the conversion to be reviewed by the Rabbi, which will be treated with the highest levels of confidentiality and privacy. (You may submit it in a sealed envelope for the Rabbi if you prefer). Thank you.