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*Shalom! Welcome to Stephen Wise Free Synagogue, a member of the Union for Reform Judaism.
We look forward to getting to know you!*

Membership Profile Form

Please help us keep in touch by providing the following data. All information is held in confidence for synagogue use only.

Adult One: SECTION A (For Adult 2, please continue to Page 2) Mr. Mrs. Ms. Dr. Other _____

First Name _____ Middle Initial _____ Last Name _____ Hebrew Name (if applicable) _____

Street Address _____ Apt # _____ City _____ State _____ Zip _____

_____/_____/_____
Date of Birth _____ Place of Birth _____ Blood Type & RH Factor (optional; the synagogue will only contact you if needed.) _____

Mark Preferred Contact #: Home _____ Cell _____ Email _____

Seasonal Address Information Please send mail to this address from (day/month) ____/____ to ____/____

Street Address _____ Apt # _____ City _____ State _____ Zip _____ Phone _____

Family Status _____/_____/_____
 Single Engaged Married WeddingDate/Anniversary _____ Partnered Separated Divorced Widowed

Religious Background

Religious tradition in which I was raised: Reform Conservative Orthodox Reconstructionist Unaffiliated

Non-Jewish (please specify) _____ Converted to Judaism (date) ____/____/____

Recent or Additionally Affiliated Synagogues

Religious tradition of other/recent synagogues: Reform Conservative Orthodox Reconstructionist Other _____

Name(s) / location(s) _____ Years Affiliated _____

Were you active in synagogue life? If so, in what capacity? If not currently Jewish, religious affiliation

_____/_____/_____
Bar/Bat Mitzvah Date / Portion Congregation/City Hebrew Fluency: None Beginner Advanced

If you need more space for any section of this application, feel free to continue writing on a blank sheet of paper

Signature Adult One: _____ Signature Adult Two: _____

Date: ____/____/____ Date: ____/____/____

First Name Middle Initial Last Name Hebrew Name (if applicable)

Street Address Apt # City State Zip

_____/_____/_____
Date of Birth Place of Birth Blood Type & RH Factor (optional; the synagogue will only contact you if needed.)

Mark Preferred Contact #: Home _____ Cell _____ Email _____

Seasonal Address Information Please send mail to this address from (day/month) ____/____/____ to ____/____/____

Street Address Apt # City State Zip Phone

Family Status _____/_____/_____
 Single Engaged Married WeddingDate/Anniversary Partnered Separated Divorced Widowed

Religious Background
Religious tradition in which I was raised: Reform Conservative Orthodox Reconstructionist Unaffiliated
 Non-Jewish (please specify) _____ Converted to Judaism (date) ____/____/____

Recent or Additionally Affiliated Synagogues
Religious tradition of other/recent synagogues: Reform Conservative Orthodox Reconstructionist Other _____
Name(s) / location(s) _____ Years Affiliated _____

Were you active in synagogue life? If so, in what capacity? If not currently Jewish, religious affiliation
_____/_____/_____/_____
Bar/Bat Mitzvah Date / Portion Congregation/City Hebrew Fluency: None Beginner Advanced

Adults One and Two:

Rejoining Stephen Wise New Member

Reasons for joining Stephen Wise: _____

Clergy Friend is a member ECC Religious School Lifecycle Services Adult Learning Social Justice

I/We learned about Stephen Wise from: _____

Multigenerational Membership

You & Your Family: DO YOU HAVE RELATIVES IN CURRENT MEMBERSHIP AT SWFS? PLEASE LIST NAMES & RELATIONSHIPS BELOW:

Adults & Family

Special Needs: You & Your Family: PLEASE LET US KNOW IF THERE ARE ANY SPECIAL NEEDS WE SHOULD BE AWARE OF.

Adult One: SECTION B

Continued from Page 1

Education Year / Degree Institution

Associates: _____ / _____

Bachelors: _____ / _____

Masters: _____ / _____

Doctoral: _____ / _____

Business

Occupation: _____ Retired

Title: _____

Firm Name: _____

Firm Address: _____

Bus. Phone: _____ ext. _____

Affiliations

Professional: _____

Community/Political Orgs: _____

Jewish Orgs: _____
(ex: JCC, 92nd St Y, UJA-Federation, JNF, etc)

Cemetery Arrangements

Contact me I do not have a plot I have a plot: # _____

Cemetery: _____

Adult Two: SECTION B

Continued from Page 2

Education Year / Degree Institution

Associates: _____ / _____

Bachelors: _____ / _____

Masters: _____ / _____

Doctoral: _____ / _____

Business

Occupation: _____ Retired

Title: _____

Firm Name: _____

Firm Address: _____

Bus. Phone: _____ ext. _____

Affiliations

Professional: _____

Community/Political Orgs: _____

Jewish Orgs: _____
(ex: JCC, 92nd St Y, UJA-Federation, JNF, etc)

Cemetery Arrangements

Contact me I do not have a plot I have a plot: # _____

Cemetery: _____

Adults One and Two: SECTION C Please mark your interests below. A1 = Adult One; A2 = Adult Two.

- | | | | |
|--|---|---|---|
| Adult B'nai Mitzvah..... | <input type="radio"/> A1 <input type="radio"/> A2 | Parenting..... | <input type="radio"/> A1 <input type="radio"/> A2 |
| Adult Education | <input type="radio"/> A1 <input type="radio"/> A2 | Religious School | <input type="radio"/> A1 <input type="radio"/> A2 |
| Caring Community (HELPING FELLOW MEMBERS)..... | <input type="radio"/> A1 <input type="radio"/> A2 | Ritual / Religious Practices | <input type="radio"/> A1 <input type="radio"/> A2 |
| Emergency Food Program | <input type="radio"/> A1 <input type="radio"/> A2 | Social Action..... | <input type="radio"/> A1 <input type="radio"/> A2 |
| Facilities | <input type="radio"/> A1 <input type="radio"/> A2 | Social Action Task Force: Anti-Semitism..... | <input type="radio"/> A1 <input type="radio"/> A2 |
| Finance, Budget & Investment..... | <input type="radio"/> A1 <input type="radio"/> A2 | Social Action Task Force: Immigration | <input type="radio"/> A1 <input type="radio"/> A2 |
| Fundraising / Development..... | <input type="radio"/> A1 <input type="radio"/> A2 | Social Action Task Force: Civil Liberties | <input type="radio"/> A1 <input type="radio"/> A2 |
| Israel..... | <input type="radio"/> A1 <input type="radio"/> A2 | Social Services (ASSISTING THOSE IN NEED) | <input type="radio"/> A1 <input type="radio"/> A2 |
| Membership..... | <input type="radio"/> A1 <input type="radio"/> A2 | Teen Initiatives..... | <input type="radio"/> A1 <input type="radio"/> A2 |
| Music..... | <input type="radio"/> A1 <input type="radio"/> A2 | Travel Missions | <input type="radio"/> A1 <input type="radio"/> A2 |
| Next Step Men's Shelter | <input type="radio"/> A1 <input type="radio"/> A2 | Young Adventurers (ASSISTING CHALLENGED ADULTS) . | <input type="radio"/> A1 <input type="radio"/> A2 |

Do you have skills and talents you'd like to share? Please let us know!

1. **NAME:** _____ M F

DOB: ____/____/____ Bar/Bat Mitzvah: ____/____/____

Bar/Bat Mitzvah Portion: _____

Cell: _____ Email: _____

SWFSECC SWFSReligiousSchool,Gr. ____ SWFSGrad

Secular School/College: _____

Parent (other than member household): _____

If child is independent of member household,
 Single Partnered Separated/Divorced/Widowed

Married: Spouse _____

3. **NAME:** _____ M F

DOB: ____/____/____ Bar/Bat Mitzvah: ____/____/____

Bar/Bat Mitzvah Portion: _____

Cell: _____ Email: _____

SWFSECC SWFSReligiousSchool,Gr. ____ SWFSGrad

Secular School/College: _____

Parent (other than member household): _____

If child is independent of member household,
 Single Partnered Separated/Divorced/Widowed

Married: Spouse _____

2. **NAME:** _____ M F

DOB: ____/____/____ Bar/Bat Mitzvah: ____/____/____

Bar/Bat Mitzvah Portion: _____

Cell: _____ Email: _____

SWFSECC SWFSReligiousSchool,Gr. ____ SWFSGrad

Secular School/College: _____

Parent (other than member household): _____

If child is independent of member household,
 Single Partnered Separated/Divorced/Widowed

Married: Spouse _____

4. **NAME:** _____ M F

DOB: ____/____/____ Bar/Bat Mitzvah: ____/____/____

Bar/Bat Mitzvah Portion: _____

Cell: _____ Email: _____

SWFSECC SWFSReligiousSchool,Gr. ____ SWFSGrad

Secular School/College: _____

Parent (other than member household): _____

If child is independent of member household,
 Single Partnered Separated/Divorced/Widowed

Married: Spouse _____

Adult One: SECTION D

Yahrtzeit

Reminders & annual name reading will be based on secular calendar unless you designate preference for Hebrew calendar date here:

Name: _____

Relationship to Adult One: _____ Plaque

Death Date: ____/____/____ Buried Westchester Hills

Name: _____

Relationship to Adult One: _____ Plaque

Death Date: ____/____/____ Buried Westchester Hills

Adult Two: SECTION D

Yahrtzeit

Reminders & annual name reading will be based on secular calendar unless you designate preference for Hebrew calendar date here:

Name: _____

Relationship to Adult Two: _____ Plaque

Death Date: ____/____/____ Buried Westchester Hills

Name: _____

Relationship to Adult Two: _____ Plaque

Death Date: ____/____/____ Buried Westchester Hills

Information Sharing Option

Guarding the privacy of our members is important to us. Creating community and sharing lifecycle events within the synagogue community is also important. At no time will your contact or personal info be shared outside SWFS. Check the below options if you prefer complete privacy.

Please do not share my/our name and contact info with members. Please do not use any individual photos of myself or my family unless I/we specify otherwise. I understand that I/we may be included in group photos of synagogue activities.