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E: membership@swfs.org

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	<b>A</b> (For Adult 2, ple	ase continue to P	age 2) Gender _	Salutation	ı
First Name	Middle Initial	Last Name		Hebrew Name (i	f applicable)
Street Address	Apt #	‡ City	Sta	ate	Zip
Date of Birth P	lace of Birth	Blood Type & R	H Factor (optional; the sy	nagogue will only con	tact you if needed.)
Mark Preferred Contact #:	O Home	O Cell	O Email		
Seasonal Address Info	ormation Please	send mail to this	address from (day/mor	nth)/to	/
Street Address	Apt #	ŧ City	State Zip	Phone	
Family Status O Single O Engaged C	) Married Weddi	/ / ngDate/Anniversa	ry O Partnered C	) Separated O Divo	rced O Widowed
Religious Background Religious tradition in which		orm O Conserva	ative O Orthodox O F	Reconstructionist O U	Inaffiliated
O Non-Jewish (please spec	ify)		O Converted to Jud	aism (date)/_	
Recent or Additionally Religious tradition of other/			onservative O Orthodo	ox O Reconstructionis	st O Other
Name(s) / location(s)				Years Affiliate	d
Were you active in synagogu	ue life? If so,	in what capacity?		If not currently Jewish	, religious affiliation
Bar/Bat Mitzvah Date / Porti	on Cong	gregation/City	Hebrew Fluency:	O None O Begin	ner O Advanced
If you need more space for a	ny section of this app	lication, feel free t	o continue writing on a	blank sheet of paper	
Signature Adult One:			Signature Adult Two: _		
Date://			Date://_		

First Name	Midd	le Initial	Last Name			Heb	rew Name (if app	olicable)
Street Address		Apt #	City	State	Zip			
/ /								
Date of Birth	Place of Birth		Blood Type & R	H Factor (o	ptional; th	ne synagogue v	will only contact	you if neede
Mark Preferred Contact #:	O Home		O Cell		O Em	nail		
Seasonal Address In	formation	Please se	nd mail to this	address fr	om (day/r	month)	_/to	
Street Address		Apt #	City	State	Zip	Pho	ne	
Family Status  O Single O Engaged	O Married	/_	/					O 145 1
	O Married	Wedding	Date/Anniversa	ry O	Partnered	O Separate	ed O Divorced	O Widow
	nd					·		
Religious tradition in whic  Non-Jewish (please species)  Recent or Additiona	nd h I was raised: ecify) Ily Affiliated	O Reforr	m O Conserv	tive O O	rthodox( verted to	O Reconstruc Judaism (date	tionist O Unaffi e)/	liated /
Religious tradition in whic  Non-Jewish (please specification)  Recent or Additiona  Religious tradition of othe	nd h I was raised: ecify) Ily Affiliated r/recent synago	O Reform	m O Conserv ogues Reform O C	tive O O O Con	rthodox( verted to e O Orth	O Reconstruc Judaism (date nodox O Reco	tionist O Unaffi	liated / Other
Religious tradition in whic  Non-Jewish (please specific propertion)  Recent or Additional Religious tradition of othe Name(s) / location(s)	nd h I was raised: ecify) Ily Affiliateo r/recent synago	O Reform	m O Conserv ogues Reform O C	tive O O O Con	rthodox( verted to e O Orth	O Reconstruc  Judaism (date	tionist O Unaffi	liated / Other
Religious Backgroun Religious tradition in whic  O Non-Jewish (please special Recent or Additiona Religious tradition of othe  Name(s) / location(s)  Were you active in synago  / / / Bar/Bat Mitzvah Date / Por	nd h I was raised: ecify)  Ily Affiliated r/recent synage	O Reform  d Synago ogues: O	m O Conserv ogues Reform O C	onservativ	rthodox (verted to	O Reconstruct  Judaism (date  nodox O Reco You	tionist O Unaffi  onstructionist C  fears Affiliated	liated / Other
Religious tradition in whice  Non-Jewish (please specific properties)  Recent or Additional Religious tradition of othe Name(s) / location(s)  Were you active in synago	Id h I was raised: ecify)  Ily Affiliated r/recent synage gue life? rtion  Two: n Wise on Wise: member	O Reform d Synago ogues: O  If so, in  Congre	ogues Reform O C what capacity? egation/City ember	O Lifecy	rthodox (verted to	O Reconstruction (date of the construction of the current of the c	tionist O Unaffi e)/ constructionist C fears Affiliated ently Jewish, relige  O Beginner	Other

## Adult One: SECTION B Continued from Page 1

## Adult Two: SECTION B Continued from Page 2

Education Year / Degree	Ir	nstitu	ution	Education	Year / Degree		Ins	titution
Associates:/				Associates:	/			
Bachelors:/				Bachelors:	/			
Masters:/				Masters:	/			
Doctoral:/				Doctoral:	/			
Business Occupation:	C	) Re	tired	Business Occupation:			0	Retired
Title:								
Firm Name:				Firm Name:				
Firm Address:				Firm Address:				
Bus. Phone:	e	xt		Bus. Phone:			ex	·
Affiliations Professional:				Affiliations Professional:				
				Community/Poli	tical Orgs:			
Community/Political Orgs:	Jewish Orgs:(ex: JCC, 92nd St Y, UJA-Federation, JNF, etc)			Jewish Orgs:				
Jewish Orgs:				_				
Jewish Orgs:	c)			(ex: JCC, 92nd S	t Y, UJA-Federation, J	JNF, etc)	lot: #_	
Jewish Orgs:(ex: JCC, 92nd St Y, UJA-Federation, JNF, etc	c) ave a plot: #	<u> </u>		(ex: JCC, 92nd S Cemetery Ar O Contact me	t Y, UJA-Federation, J rangements	JNF, etc) O I have a p		
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1. <b>NAME</b> :	Gender	2. <b>NAME</b> :	Gender
DOB:/ Bar/Bat Mitzvah: _	/ /	DOB:/ Bar/Bat Mitzvał	า://
Bar/Bat Mitzvah Portion:		Bar/Bat Mitzvah Portion:	
Cell: Email:		Cell: Email:	
O SWFSECC O SWFSReligiousSchool,Gr.	O SWFSGrad	O SWFSECC O SWFSReligiousSchool,G	ir O SWFSGrac
Secular School/College:		Secular School/College:	
Parent (other than member household):		Parent (other than member household):	
If child is independent of member househo O Single O Partnered O Separated/E		If child is independent of member house O Single O Partnered O Separate	
O Married: Spouse		O Married: Spouse	
3. <b>NAME</b> :	Gender	4. <b>NAME</b> :	Gender
DOB:/ Bar/Bat Mitzvah: _	/ /	DOB:/ Bar/Bat Mitzvał	า://
Bar/Bat Mitzvah Portion:		Bar/Bat Mitzvah Portion:	
Cell:Email:		Cell:Email:	
O SWFSECC O SWFSReligiousSchool,Gr.	O SWFSGrad	O SWFSECC O SWFSReligiousSchool,G	ir O SWFSGrac
Secular School/College:		Secular School/College:	
Parent (other than member household):		Parent (other than member household):	-
If child is independent of member househo O Single O Partnered O Separated/E		If child is independent of member house O Single O Partnered O Separate	
O Married: Spouse		O Married: Spouse	
Adult One: SECTION D Yahrtzeit Reminders & annual name reading will be calendar unless you designate preference fo date here:		Adult Two: SECTION D Yahrtzeit Reminders & annual name reading will calendar unless you designate preference date here:	

Name:	Name:
Relationship to Adult One:O Plaque	Relationship to Adult Two:O Plaque
Death Date:/ O Buried Westchester Hills	Death Date:/ O Buried Westchester Hills
Name:	Name:
Relationship to Adult One:O Plaque	Relationship to Adult Two:O Plaque
Death Date:/ O Buried Westchester Hills	Death Date:/ O Buried Westchester Hills

**Information Sharing Option** 

important. At no time will your contact or personal info be shared outside SWFS. Check the below options if you prefer complete privacy. O Please do not share my/our name and contact info with members. O 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.