

THE METROPOLITAN SYNAGOGUE OF NEW YORK

2013-2014 Membership Form

ADULT 1

Name: _____ Hebrew name: _____ Birth date: _____

Home address: _____

Home phone: _____ Cell phone: _____

Email address: _____

Profession: _____

ADULT 2

Name: _____ Hebrew name: _____ Birth date: _____

Home address: _____

Home phone: _____ Cell phone: _____

Email address: _____

Profession: _____

Emergency contact information

Name: _____ Phone: _____ Relation to you: _____

Dependent/Adult children

Name: _____ Hebrew name: _____ Birthdate: _____ Gender: _____

Name: _____ Hebrew name: _____ Birthdate: _____ Gender: _____

Name: _____ Hebrew name: _____ Birthdate: _____ Gender: _____

Yahrzeits

Name	Hebrew Name	English date of death	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Level of Hebrew knowledge: _____

MEMBERSHIP PLEDGE

Family Membership: \$1,500 _____

Individual Membership: \$850 _____

Additional contribution/Kol Nidre donation \$ _____

Would you like to volunteer for the Metropolitan Synagogue? Please check areas of interest.

Greet newcomers before/during services _____
Write articles or essays for weekly newsletter _____
Usher at High Holiday services and synagogue events _____
Give a Dvar Torah at Friday night services _____
Help with mailings _____
Place weekly phone calls inviting people to services _____
Bring treats for Kiddush _____

Help with marketing _____
Create programming _____
Singing _____
Play musical instrument _____
Social justice activities _____
Hebrew Home Study _____
Teach Hebrew or Judaic Studies _____
Lead services _____