

**THE METROPOLITAN SYNAGOGUE OF NEW YORK**

2017-2018 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
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Level of Hebrew knowledge: \_\_\_\_\_

**MEMBERSHIP PLEDGE**

Family Membership: \$1,650 \_\_\_\_\_

Individual Membership: \$875 \_\_\_\_\_

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 \_\_\_\_\_