Congregation Sons of Abraham

1820 Main Street

La Crosse, WI 54601

608-784-2708

**New Membership Information Form**

Please note: Information you furnish will be kept strictly confidential. It is for our records only.   
Please print clearly or fill in via Word.

|  |  |  |
| --- | --- | --- |
| **Adult Members** | **Member 1** | **Member 2** |
| Last Name |  |  |
| First Name |  |  |
| Hebrew Name |  |  |
| Date of Birth |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Marital Status: | \_\_\_\_\_Single | \_\_\_\_\_Separated | \_\_\_\_Divorced | \_\_\_\_\_Widowed | \_\_\_\_\_Married/Partnered Date of Union\_\_\_\_\_\_ |

|  |  |  |
| --- | --- | --- |
| Home Address |  |  |
| City/Zip |  |  |
| Home Phone |  |  |
| Cell Phone |  |  |
| Preferred Email |  |  |
| Business Name |  |  |
| Job Title |  |  |
| Childhood Affiliation | \_\_\_Reform \_\_\_Conservative \_\_\_Orthodox \_\_\_Convert \_\_\_Not Affiliated \_\_\_Not Jewish | \_\_\_Reform \_\_\_Conservative \_\_\_Orthodox \_\_\_Convert \_\_\_Not Affiliated \_\_\_Not Jewish |

May we include your names, address, phone, and email in our password-protected online directory?\_\_\_Yes \_\_\_\_No

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Child Info** | **Child 1** | **Child 2** | **Child 3** | **Child 4** |
| First Name |  |  |  |  |
| Last Name |  |  |  |  |
| Hebrew Name |  |  |  |  |
| Date of Birth |  |  |  |  |
| Gender | \_\_\_Female \_\_\_\_Male | \_\_\_Female \_\_\_\_Male | \_\_\_Female \_\_\_\_Male | \_\_\_Female \_\_\_\_Male |
| Marital Status |  |  |  |  |

Any food allergies in the family?

|  |  |  |
| --- | --- | --- |
| **Other Adults** | **Adult 1** | **Adult 2** |
| First Name |  |  |
| Last Name |  |  |
| Hebrew Name |  |  |
| Date of Birth |  |  |
| Relationship |  |  |
| Marital Status |  |  |
| Home Address |  |  |
| City/State/Zip |  |  |
| Phone |  |  |
| Preferred Email |  |  |
| Childhood Affiliation | \_\_\_Reform \_\_\_Conservative \_\_\_Orthodox \_\_\_Convert \_\_\_Not Affiliated \_\_\_Not Jewish | \_\_\_Reform \_\_\_Conservative \_\_\_Orthodox \_\_\_Convert \_\_\_Not Affiliated \_\_\_Not Jewish |

**Yahrzeits**

|  |  |  |
| --- | --- | --- |
| Name/Hebrew Name | Relationship/To Whom | Date |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Please indicate the areas where anyone in the household has an interest:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Adult Education |  | Baking/Cooking |  | JWL |
|  | Music |  | Fundraising |  | Rosh Chodesh |
|  | Film |  | Family Programs |  | Library |
|  | Chevra Kadisha |  | Youth Activities |  | Social Action |

Any special talents, skills and interests? Anything special about you and/or your family that you want the synagogue and/or leadership to be aware of?

Thank you! We look forward to having you in our family!