



Israel Congregation
of Manchester
*Enriching Jewish Community
in the Northshire*

Membership Application

5769 – 5770 / 2009 – 2010

Name: _____
 Hebrew Name: _____
 Circle One: Cohen Levi Israelite
 Date of Birth (mm/dd/yy): _____

Name: _____
 Hebrew Name: _____
 Circle One: Cohen Levi Israelite
 Date of Birth (mm/dd/yy): _____

Address: _____
 City/State/ZIP _____
 Telephone: _____
 Cell Phone: _____
 E-Mail: _____
 Secondary Residence & Telephone:

Dates at Secondary Residence (for mailing)

Children: Names & Dates of Birth (Under Age 21):

Your Profession: _____

Business Phone: _____

Spouse's Profession: _____

Business Phone: _____

Anniversary Date: _____

As a Member of this Congregation, how may we best serve you

Please list any skills you or members of your family would be willing to share with the Congregation, e.g. music, financial, writing, organization, etc.:

CURRENT DATE _____

Yahrzeit Information

Relation to Member: _____
 English Name: _____
 Hebrew Name: _____
 Date of Death including Year: _____

Relation to Member: _____
 English Name: _____
 Hebrew Name: _____
 Date of Death including Year: _____