

**BETH ISRAEL CONGREGATION**  
**316 PARK AVENUE**  
**FLORENCE, SC 29501**

Welcome to Beth Israel! We are thankful that you have decided to join our family and want to make sure that we have all of the correct information about your family.

Please complete this form in its entirety and return it to us.

**HOUSEHOLD & PERSONAL INFORMATION**

I am a (check one):                                      Renewing Member \_\_\_\_\_                                      New Member \_\_\_\_\_

Please list adult family members' names, as you would have them appear in the directory. For ritual and dues purposes, we need to know whether or not a person is Jewish. However, this information **will not** be listed in the directory and all data will be kept confidential in the synagogue office.

Family Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Person or persons outside your family we may notify in case of emergency:

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**Adult's Information:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Jewish?      Yes \_\_\_\_\_      No \_\_\_\_\_

Jewish?      Yes \_\_\_\_\_      No \_\_\_\_\_

Hebrew Name: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Fax: \_\_\_\_\_

Work Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

Birthday: \_\_\_\_\_

Birthday: \_\_\_\_\_

Anniversary: \_\_\_\_\_

**Children's Information:**

Name: \_\_\_\_\_  
Hebrew Name: \_\_\_\_\_  
Birthday: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Name: \_\_\_\_\_  
Hebrew Name: \_\_\_\_\_  
Birthday: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Name: \_\_\_\_\_  
Hebrew Name: \_\_\_\_\_  
Birthday: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Name: \_\_\_\_\_  
Hebrew Name: \_\_\_\_\_  
Birthday: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Name: \_\_\_\_\_  
Hebrew Name: \_\_\_\_\_  
Birthday: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Name: \_\_\_\_\_  
Hebrew Name: \_\_\_\_\_  
Birthday: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**YAHRTZEIT INFORMATION**

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Date: \_\_\_\_\_

## COMMITTEES & ACTIVITIES

**Please list any family members who may be interested:**

Finance: \_\_\_\_\_  
House & Grounds: \_\_\_\_\_  
Membership: \_\_\_\_\_  
Religious School: \_\_\_\_\_  
Tikkun Olam: \_\_\_\_\_  
Life Long Learning: \_\_\_\_\_  
Teaching: \_\_\_\_\_  
Programming: \_\_\_\_\_

Foundation: \_\_\_\_\_  
Library: \_\_\_\_\_  
Caring & Sharing: \_\_\_\_\_  
Ritual: \_\_\_\_\_  
Youth: \_\_\_\_\_  
Bulletin: \_\_\_\_\_  
Sisterhood/Brotherhood: \_\_\_\_\_  
Outreach: \_\_\_\_\_

**Comments:**

**1. What do you want the synagogue to do for you?**

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**2. What special talents or interests do you and your family have that might be utilized or considered in synagogue programming?**

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**3. Do you know of any other non-affiliated Jews in the Beth Israel area? May we contact them? If so, who?**

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**4. Additional Comments:**

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