



Date of Completion: _____

Year Joined Solel: _____

MEMBERSHIP FAMILY RECORD
(Please Print)

PRIMARY MEMBER #1

Title: Mr. Mrs. Ms. Miss Dr. Other : _____

Full name (last, first, middle initial) _____

Hebrew name (please transliterate) _____

How would you like your name to appear? _____

Maiden Name _____ Date of birth (mm/dd/yyyy) ____/____/____

Place of birth (city/State/Country) _____

Home E-mail _____ Cell phone _____

PRIMARY MEMBER #2

Title: Mr. Mrs. Ms. Miss Dr. Other : _____

Full name (last, first, middle initial) _____

Hebrew name (please transliterate) _____

How would you like your name to appear? _____

Maiden Name _____ Date of birth (mm/dd/yyyy) ____/____/____

Place of birth (city/State/Country) _____

Home E-mail _____ Cell phone _____

MARITAL STATUS

Married Single Divorced Separated Widowed Wedding Date/Anniversary ____/____/____

HOME INFORMATION

Street Address: _____

Apt# _____ City _____

State _____ Zip _____

Phone # 1 _____

Phone # 2 _____

Fax _____

SEASONAL ADDRESS INFORMATION

Address _____

Phone _____ Please send mail to this address (dd/mm) from ____/____ to ____/____

CHILD #1

Male Female Enrolled in Religious School: Yes No Grade: _____

Full name (last, first, middle initial) _____

Hebrew name (please transliterate) _____

Birth date (mm/dd/yyyy) ____/____/____ E-mail _____

Secular School _____ Grade _____

COLLEGE CONTACT College/University _____

Address _____

Freshman Sophomore Junior Senior

CHILD # 2

Male Female Enrolled in Religious School: Yes No Grade: _____

Full name (last, first, middle initial) _____

Hebrew name (please transliterate) _____

Birth date (mm/dd/yyyy) ____/____/____ E-mail _____

Secular School _____ Grade _____

COLLEGE CONTACT College/University _____

Address _____

Freshman Sophomore Junior Senior

CHILD # 3

Male Female Enrolled in Religious School: Yes No Grade: _____

Full name (last, first, middle initial) _____

Hebrew name (please transliterate) _____

Birth date (mm/dd/yyyy) ____/____/____ E-mail _____

Secular School _____ Grade _____

COLLEGE CONTACT College/University _____

Address _____

Freshman Sophomore Junior Senior

CHILD # 4

Male Female Enrolled in Religious School: Yes No Grade: _____

Full name (last, first, middle initial) _____

Hebrew name (please transliterate) _____

Birth date (mm/dd/yyyy) ____/____/____ E-mail _____

Secular School _____ Grade _____

COLLEGE CONTACT College/University _____

Address _____

Freshman Sophomore Junior Senior

PRIMARY MEMBER #1

Religious tradition in which you were raised: Name: _____

Reform Reconstructionist Conservative Orthodox Secular Non-Jewish

If not raised in the Jewish tradition, are you: Jewish Non-Jewish

Did your Jewish education include: Bar/Bat Mitsva Yes No Confirmation Yes No Advanced – specify:

Name of any other congregation to which you belong: _____

Do you have any physical limitations that we should be aware of: None Vision Hearing Mobility Other:

EMPLOYMENT INFORMATION

Position/Type of Business _____ Title _____

Employer _____

Address _____

Phone/ext. _____ Fax _____

E-mail _____

COMMUNITY INVOLVEMENT

Please list any community activities, board affiliations, volunteer work or any special skills/interests/talents you would like to share: _____

FAMILY

List other Solel members to whom you are related

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

PARENTS' INFORMATION

Father _____ Living Deceased

Hebrew name _____

Mother _____ Living Deceased

Hebrew name _____

City/state _____

Member of Solel YES NO Other affiliation _____

PRIMARY MEMBER #2

Religious tradition in which you were raised: _____ Name: _____

Reform Reconstructionist Conservative Orthodox Secular Non-Jewish

If not raised in the Jewish tradition, are you: Jewish Non-Jewish

Did your Jewish education include: Bar/Bat Mitsva Yes No Confirmation Yes No Advanced – specify:

Name of any other congregation to which you belong: _____

Do you have any physical limitations that we should be aware of: None Vision Hearing Mobility Other:

EMPLOYMENT INFORMATION

Position/Type of Business _____ Title _____

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Phone/ext. _____ Fax _____

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Please list any community activities, board affiliations, volunteer work or any special skills/interests/talents you would like to share: _____

FAMILY

List other Solel members to whom you are related

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

PARENTS' INFORMATION

Father _____ Living Deceased

Hebrew name _____

Mother _____ Living Deceased

Hebrew name _____

City/state _____

Member of Solel YES NO Other affiliation _____

IMMEDIATE FAMILY YAHRZEIT

Deceased's Name _____

I wish to observe: Hebrew date of death _____/_____/_____

English date _____/_____/_____ Approximate time of day _____ AM PM

Relative of _____ Relationship _____

Deceased's Name _____

I wish to observe: Hebrew date of death _____/_____/_____

English date _____/_____/_____ Approximate time of day _____ AM PM

Relative of _____ Relationship _____

Deceased's Name _____

I wish to observe: Hebrew date of death _____/_____/_____

English date _____/_____/_____ Approximate time of day _____ AM PM

Relative of _____ Relationship _____

Deceased's Name _____

I wish to observe: Hebrew date of death _____/_____/_____

English date _____/_____/_____ Approximate time of day _____ AM PM

Relative of _____ Relationship _____

Deceased's Name _____

I wish to observe: Hebrew date of death _____/_____/_____

English date _____/_____/_____ Approximate time of day _____ AM PM

Relative of _____ Relationship _____

Deceased's Name _____

I wish to observe: Hebrew date of death _____/_____/_____

English date _____/_____/_____ Approximate time of day _____ AM PM

Relative of _____ Relationship _____

Deceased's Name _____

I wish to observe: Hebrew date of death _____/_____/_____

English date _____/_____/_____ Approximate time of day _____ AM PM

Relative of _____ Relationship _____