

# Membership Contact Information 2022-2023

## Malibu Jewish Center & Synagogue



Name: [Title, Last Name, First Name]

Name [Title, Last Name, First Name]

Home Residence:

Address City State Zip Code Phone Number

Billing Address:

Address City State Zip Code Phone Number

Marital Status:  Married Date:  Single  Widowed  Divorced  Separated  Couple (check one)

	ADULT #1	ADULT #2
Date of Birth		
Religious tradition in which you were raised		
Hebrew Name (if applicable)		
Mobile Phone Number		
Home Phone Number		
Home FAX Number		
Email Address		
Occupation		
Business Address / Phone Number		
Other Jewish organization affiliation		
Philanthropic Activities		

### Yahrzeit Information (List of Deceased)

Full Name: [Last Name, First Name]	Hebrew Name	Relationship [to which adult above]	Date of Death [mo./day/year]

[please fill out both sides of form]

Occasionally MJCS will use synagogue generated photographs, in newsletter or other marketing. We (I) hereby give permission for use of any photo(s) in which our (my) family appears. Please initial here: \_\_\_\_\_  
 Please fill in the following information as it applies to each of your children through college age:

	CHILD #1	CHILD #2	CHILD #3	CHILD #4
<b>First Name</b>				
<b>Middle Name</b>				
<b>Surname</b> [if applicable]				
<b>Hebrew Name</b>				
<b>Birth Date</b>				
<b>Male / Female</b>				
<b>If student, grade of school/university</b>				
<b>If preschool, name of school</b>				
<b>Date of Bar/Bat Mitzvah</b> [if applicable]				
<b>Marital Status</b>				
<b>Name of his/her spouse</b> [if applicable]				

[Please attach additional sheet with identical information for additional children]

How did you hear about MJCS? (*check one*)

Pre-School     Religious School     Shabbat Service     Friend: \_\_\_\_\_