

Membership Contact Information 2024-2025



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 Departed).

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
First Name				
Middle Name				
Surname [if applicable]				
Hebrew Name				
Birth Date				
Male / Female				
If student, grade of school/university				
If preschool, name of school				
Date of Bar/Bat Mitzvah [if applicable]				
Marital Status				
Name of his/her spouse [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: _____