

# Membership Contact Information 2025-2026



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

### YAHARZEIT INFORMATION (List of Deceased).

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

[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: \_\_\_\_\_