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 Please contact us : welcome@cbibpt.org
 Visit our website at www.cbibpt.org

2021-2022
MEMBERSHIP FORM
 (All information is kept confidential.)

Shalom and welcome to our community.
Please tell us about yourself.

Please Print Clearly.

<u>Adult Member A</u>	<u>Adult Member B</u>
Full Name	Full Name
Home Address	Home Phone Number
Birth Date	Birth Date
Cell Phone	Cell Phone
Preferred Phone	Preferred Phone
Preferred Email	Preferred Email
Occupation	Occupation
Business Name	Business Name
Business Phone	Business Phone
Marital Status	Anniversary Date

Tell us about your family.

First Name	Last Name	Hebrew Name	Gender	Birth Date	Grade	Resides at home?

Is there any additional family information you would like to share with us?

Religious History

<u>Adult Member A—Previous Synagogue(s):</u>	<u>Adult Member B—Previous Synagogue(s):</u>
<u>Tell us about your religious journey:</u>	<u>Tell us about your religious journey:</u>
<u>Bar/Bat Mitzvah: Yes or No</u> <u>Where:</u> <u>When:</u>	<u>Bar/Bat Mitzvah: Yes or No</u> <u>Where:</u> <u>When:</u>
<u>Jewish Organizational Involvement:</u>	<u>Jewish Organizational Involvement:</u>

Yahrzeit Information

Immediate family members (spouse, parents, grandparents, children, siblings) who have died and for whom you wish Yahrzeit recited will be memorialized at Shabbat services the week prior to the anniversary. Date will be according to the secular calendar unless Hebrew calendar is requested below.

<u>Full Name/Relationship</u>	<u>Related To</u>	<u>Date of Death</u> (mm/dd/yyyy)	<u>Observed on</u> <u>Secular or</u> <u>Hebrew Date</u>
			Secular/Hebrew
			Secular/Hebrew
			Secular/Hebrew
			Secular/Hebrew
			Secular/Hebrew

We invite you to join with us to enrich our temple community.

I/we would like to connect through the following:
(please check all that apply)

- Worship
- Bonim—Early Education Center
- Religious School Education
- Adult Learning
- Community—Social Programing
- Tikkun Olam:
- Social Action
- Social Justice
- Other (please specify)