

Family Membership Record

Congregation Beth Hillel  
Walden Jewish Community Center  
20 Pine Street  
Walden, NY 12586  
845-778-7374

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ DOB\*\* \_\_\_\_\_

Hebrew Name \_\_\_\_\_ Ben/Bat \_\_\_\_\_ Cohen \_\_\_ Levi \_\_\_

Spouse Last Name \_\_\_\_\_ First Name \_\_\_\_\_ DOB\*\* \_\_\_\_\_

Hebrew Name \_\_\_\_\_ Ben/Bat \_\_\_\_\_ Cohen \_\_\_ Levi \_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Wedding Date\*\* \_\_\_\_\_

Are all family members Jewish? \_\_\_\_\_ If not, please explain. \_\_\_\_\_

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Children's Names	DOB	Hebrew Name*
_____	_____	_____ ben/bat _____
_____	_____	_____ ben/bat _____
_____	_____	_____ ben/bat _____
_____	_____	_____ ben/bat _____

Membership indicates a willingness to accept and abide by the Constitution and By-Laws of Congregation Beth Hillel, Walden Jewish Community Center.

Signature \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Original Date of Membership \_\_\_\_\_

\*Hebrew or transliteration

\*\*Will be used in listing of simchas in the bulletin. Year will not be used.