

ADATH ISRAEL
 250 NORTH HIGHLAND AVENUE
 MERION STATION, PA 19066
 610-934-1919 (VOICE) 610-64-0959 (FAX)
 WWW.ADATHISRAEL.ORG

MEMBERSHIP REGISTRATION FORM

We request this information for our confidential member files.
 Your assistance will allow us to serve you better. If you have any questions,
 please contact our office. Welcome to Adath Israel.

**New members, please enclose your first dues payment
 with this membership registration.**

HOUSEHOLD DATA											
Please <input checked="" type="checkbox"/> use black ink <input checked="" type="checkbox"/> print clearly <input checked="" type="checkbox"/> complete all information requested <input checked="" type="checkbox"/> call the Adath Israel office with questions											
ADULT MEMBERS											
[Adult(s) who bear membership fiscal responsibility]											
HEAD OF HOUSEHOLD — 1					HEAD OF HOUSEHOLD — 2						
1— Name: First M Last					2—Name: First MI Last						
1— Hebrew Name					2— Hebrew Name:						
1— Date of Birth					2— Date of Birth						
1— Marital Status (Circle One) (single) (married) (separated) (divorced) (widowed)					2— Marital Status (Circle One): (single) (married) (separated) (divorced) (widowed)						
HOUSEHOLD Mailing Address, Street:							Apartment		PO Box		
City							State		Zip Code		
Home Area Code and Phone					Home Area Code and Phone (other)						
1— Work Area Coode and Phone					2— Work Area Coode and Phone						
1— Cell Area Code and Phone					2— Cell Area Code and Phone						
1— Pager/Beeper #					2— Pager/Beeper #						
1— Email @			<input type="checkbox"/> work? or <input type="checkbox"/> home?		2— Email @			<input type="checkbox"/> work? or <input type="checkbox"/> home?			
1— Occupation			<input type="checkbox"/> full? or <input type="checkbox"/> part time?		2— Occupation			<input type="checkbox"/> full? or <input type="checkbox"/> part time?			
1— Skills & Interests: Please list, & can you ...		Teach	Lead	Chair	Help	2— Skills & Interests: Please list, & can you ...		Teach	Lead	Chair	Help

CHILDREN RESIDING IN HOUSEHOLD					
(residing full or part time, through college age)					
	English Name: First, Middle, Last	Hebrew Name:	M/F	Birthdate	School other than Adath Israel
1					
2					
3					
4					
5					
6					

Form completed by:	Date:
Office use only:	

