

# The Great-Park Synagogue



## Member Details

	Primary Member	Spouse (if applicable)
Surname		
First Name		
Physical Address:		
Street and number		
Suburb		
Postal code		
City		
State or province		
Postal Address:		
Street or box number		
Suburb		
Postal code		
City		
State or province		
Phone numbers:		
Home		
Business		
Cellphone		
Fax		
E-mail Address		
Hebrew Name		
Religion at birth		
Cohen / Levi / Yisrael	<input type="checkbox"/> Cohen <input type="checkbox"/> Levi <input type="checkbox"/> Yisrael	<input type="checkbox"/> Cohen <input type="checkbox"/> Levi <input type="checkbox"/> Yisrael

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Member Details

Page two **Surname:**

**First Name:**

	Primary Member		Spouse (if applicable)	
Date of Birth				
Time of birth	<input type="checkbox"/> Morning / Afternoon <input type="checkbox"/> Evening		<input type="checkbox"/> Morning / Afternoon <input type="checkbox"/> Evening	
Anniversary date				
Shul in which you were married (if applicable)				
Yahrtzeit details (if applicable)	<i>Mother</i>	<i>Father</i>	<i>Mother</i>	<i>Father</i>
English Name				
Hebrew Name				
Date of death	<input type="checkbox"/> Morning / Afternoon	<input type="checkbox"/> Morning / Afternoon	<input type="checkbox"/> Morning / Afternoon	<input type="checkbox"/> Morning / Afternoon
Time of death	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening

**Details of children still living at home with you (that are not independent members of the shul):**

	Child 1	Child 2	Child 3	Child 4
Full English name				
Full Hebrew name				
Cellphone number				
E-mail address				
Date of Birth				
Time of birth	<input type="checkbox"/> Morning / Afternoon <input type="checkbox"/> Evening	<input type="checkbox"/> Morning / Afternoon <input type="checkbox"/> Evening	<input type="checkbox"/> Morning / Afternoon <input type="checkbox"/> Evening	<input type="checkbox"/> Morning / Afternoon <input type="checkbox"/> Evening
Shul in which bar/bat-mitzvah took place (if applicable)				