

**Important:** We have a new system and greatly appreciate complete information per each new or renewing member to update our records this year.

**July 2019- July 2020**  
**ANNUAL MEMBERSHIP FORM**  
*(Each member fills out separately)*



Member Name \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Spouse \_\_\_\_\_ Anniversary \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Email \_\_\_\_\_ Phone \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Best way to reach you is by: Phone Email USPS Facebook Text  
 Would like a free subscription to The Charlotte Jewish News: Y / N / already receive

**FAMILY**

Child Name: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Child Name: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Child Name: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

**Yahrzeit Information**

**(please include year of passing)**

Name: _____	Relation: _____	____/____/____
Name: _____	Relation: _____	____/____/____
Name: _____	Relation: _____	____/____/____
Name: _____	Relation: _____	____/____/____
Name: _____	Relation: _____	____/____/____
Name: _____	Relation: _____	____/____/____

**WHAT WE SHOULD KNOW ABOUT YOU** *(Where you are from, profession, interests, skills, hobbies, previous synagogue life, other organizations you are involved with)*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**I WOULD CONSIDER BEING INVOLVED IN:**

- |  |  |
|--|--|
| <input type="checkbox"/> Board position/leadership     | <input type="checkbox"/> Contributing Editor for the Charlotte Jewish News |
| <input type="checkbox"/> Ritual Committee              | <input type="checkbox"/> Roles & Procedures Documentation Effort           |
| <input type="checkbox"/> Membership Committee          | <input type="checkbox"/> Family Movie and/or Game Nights (quarterly)       |
| <input type="checkbox"/> Caring Committee              | <input type="checkbox"/> D'vorah Torah for a Shabbat Service               |
| <input type="checkbox"/> Events Committee              | <input type="checkbox"/> Sponsor an Oneg                                   |
| <input type="checkbox"/> Social Action Committee       | <input type="checkbox"/> Coordinate or Help with an event                  |
| <input type="checkbox"/> Publicity Committee           | <input type="checkbox"/> Room set up or breakdown after services           |
| <input type="checkbox"/> Israel Committee              | <input type="checkbox"/> Meal or ride for someone who needs help           |
| <input type="checkbox"/> Social Media/Website/Facebook | <input type="checkbox"/> Other Ideas?                                      |
| <input type="checkbox"/> Youth Group                   | _____  |
|  | _____  |

COMMENTS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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**FROM:**

**TEMPLE SOLEL  
P.O. Box 1765  
Fort Mill, SC 29716**

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Additional Yahrzeits or Comments: