



NEW MEMBER INFORMATION FORM

Membership year is July 1 – June 30

Name _____

Mailing Address _____

City/State/Zip _____

Street Address _____

Other Address (please specify): _____

City/State/zip _____

ADULT 1

ADULT 2

Name _____

Preferred Pronouns _____

House Phone _____ *Preferred?*

Mobile Phone _____ *Preferred?*

Email Address _____

Date of Birth _____

Occupation/Profession _____

Company Name _____

Religious Background _____

DEPENDENT CHILDREN

Name _____ Birth Date mm/dd/yyyy _____

Primary reason for joining CBB at this time _____

Friends and Family Members that belong to CBB _____

YAHRTZEIT – Anniversary of an immediate family member’s passing.

If you would like for us to send you a yahrtzeit notice, please fill out the table below with information for your loved one. Please indicate whether you would like the Hebrew or English date observed.

Name of Loved One	Relationship	Date of Death mm/dd/yyyy

Is there anything else you would like us to know about your family, your special interests, or needs you may have? _____

Authorization and Release for Use of Information and Photographs:

I grant Congregation B’nai B’rith (CBB) permission to use my name, photographs, videos, and testimonials of me and my family in CBB’s promotional, marketing, program materials and media, for public relations purposes.

Adult 1 signature

Date

Adult 2 signature

Date

