

New Toco Shul

c/o Jodi Lewis Lipsitz, Membership Chair
1388 Berkeley Lane, Atlanta, GA 30329

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PLEASE PRINT

You

English Name _____

Hebrew name _____

Mother's Hebrew Name _____

Father's Hebrew Name _____

DOB ____/____/____

Hebrew DOB _____

Cohen / Levi/ Yisrael (circle one)

Street Address: _____

City _____ State ____ Zip _____

Tel # (Home) _____ - _____ - _____

(Cell) _____ - _____ - _____

E-mail address _____

Best method of contact _____

Employer _____

College/Yeshiva attended _____ Degree _____

Are you, your spouse, your children or either of your parents converts to Judaism? Y / N

If Yes, please indicate who officiated at the conversion. Thank you. Thank you.

Spouse

English Name _____

Hebrew name _____

Mother's Hebrew Name _____

Father's Hebrew Name _____

DOB ____/____/____

Hebrew DOB _____

Cohen / Levi/ Yisrael (circle one)

Street Address: _____

City _____ State ____ Zip _____

Tel # (Home) _____ - _____ - _____

(Cell) _____ - _____ - _____

E-mail address _____

Best method of contact _____

Employer _____

College/Yeshiva attended _____ Degree _____

Please provide a Teudat Giyyur, if available.

CHILDREN

Name	DOB	Gender	Hebrew DOB	Living at Home?		School
				yes	no	

General Info:

Is any member of your family capable of reading the *Torah*? Who? _____

Which *Parshiot*? _____

Is any member of your family able to lead the *Davening*? Who? _____

Which *Tefillot*? _____

Yahrtzeit Information:

Yahrtzeit date	Relative's Name	Relationship

ABOUT YOURSELF

Which programming is most important to you? (circle all that apply)

Daily Minyan

Childcare availability during shul events

Shabbat Minyan

Social events and activities

Lectures on Halachic topics

Youth programming

Lectures on philosophical/Aggadic topics

Chesed opportunities

Learning basics of Judaism

Communal network and support