CONGREGATION TIFERETH ISRAEL
40 Hill Street • Glen Cove NY 11542
516-676-5080, FAX: 516-759-1905
www.ctionline.org

Membership Registration

Date joined_____

Membership Type – check one:

❑ ***Household*** ❑ ***Single Household*** ❑ ***Household under 32*** ❑ ***Single under 32***

❑ ***Affliate*** ❑ ***Associate Household*** ❑ ***Associate Single*** ❑ ***Friends of CTI - Alumni*** ❑ ***Virtual***

Last Name _____ Last Name _____

First Name _____ First Name _____

Birthdate _____ Anniv. Date _____ Birthdate _____ Anniv. Date _____

Address _____ Address _____

_____ _____

Home Phone _____ Mobile _____ Home Phone _____ Mobile _____

Email _____ Email _____

Hebrew Name _____ *bat / ben* _____ Hebrew Name _____ *bat / ben* _____

(Not sure)___ (the Rabbi or Cantor can help) *(Not sure)___ (the Rabbi or Cantor can help)*

Tribe: ☐ Kohen ☐ Levi ☐ Israel ☐ Jewish ☐ Not Jewish Tribe: ☐ Kohen ☐ Levi ☐ Israel ☐ Jewish ☐ Not Jewish

Occupation _____ Occupation _____

Business Name _____ Business Name _____

Business Address _____ Business Address _____

Business Phone _____ Business Phone _____

Winter Address *(if applicable & dates):* _____

Relatives/Friends in the Congregation: Relatives/Friends in the Congregation:

_____ _____

Synagogue Interests:

❑ Adult Ed ❑ Art ❑ Children's Programming ❑ Hebrew School
❑ Israeli Issues ❑ Judaic Studies ❑ Social Action ❑ Social Gatherings
❑ Synagogue Services ❑ Women's Issues ❑ Youth Events

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Yahrzeits:

*(Please circle B or A if the date of death is Before or After **sundown**)*

sundown	Full Name	Date of Death	Relationship to you
B A			
B A			
B A			
B A			

Yahrzeits:

*(Please note if the date of death is before or after **sundown**)*

sundown	Full Name	Date of Death	Relationship to you
B A			
B A			
B A			
B A			

How did you hear about CTI? *(member, word-of-mouth, FB, web site, ad)* **Question: What are your passions, skills, interests?**

_____ _____

Please fill out "Children" Section (if applicable) on next page. ☞

Congregation Tifereth Israel
40 Hill Street, Glen Cove, NY 11542
Telephone: 516-676-5080, FAX: 516-759-1905

Children:

*

Child's Name *(include adult children)* | Hebrew Name | Date of Birth

Secular School Currently Attending/Grade | Mobile Phone # | Email Address

Current College Address (if applicable) | Adult or married child address

****

*

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**Married Children:*
Please indicate name and spouses name and address.

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Additional Comments: