



Congregation Tifereth Israel
 40 Hill Street
 Glen Cove NY 11542
 516-676-5080, FAX 516-759-1905
 www.ctionline.org

Membership Application

Date joined _____

Membership Type circle one:

(Family) (Single) (Single Family) (Friends of CTI) Other _____

Last Name _____

Last Name _____

First Name _____

First Name _____

Birthdate _____ Anniv. Date _____

Birthdate _____ Anniv. Date _____

Address _____

Address _____

Home Phone _____ Cell Phone _____

Home Phone _____ Cell Phone _____

Email Address _____

Email Address _____

Hebrew Name _____ ben _____
 (Not Sure) _____ (the Rabbi can help)

Hebrew Name _____ bat _____
 (Not Sure) _____ (the Rabbi can help)

Occupation _____

Occupation _____

Business Name _____

Business Name _____

Business Address _____

Business Address _____

Business Phone _____

Business Phone _____

Winter Address (if applicable): _____

Relatives/Friends in the Congregation:

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Synagogue Interests:

Adult Ed__ Art__ Children's Programming__
 Hebrew School __ Israel Issues__ Judaic Studies__
 Social Gatherings__ Social Action__
 Synagogue Services__ Women's Issues__ Youth__

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Yahrzeits (Name, Date of Death, Relationship to you)
 (Please note if the date of death is before or after sundown)

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Question: What are your passions, skills, interests?

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Child's Name (include adult children)	Hebrew Name	Date of Birth
Secular School Currently Attending / Grade	Cell 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.

Additional Comments:
