

TZEDEK V'SHALOM  
Application for Membership  
2009-2010/5770

צדק ושלום



TZEDEK V-SHALOM  
NEWTOWN, PENNSYLVANIA

Name(s): (A) \_\_\_\_\_ (B) \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

E-mail: (A) \_\_\_\_\_ (B) \_\_\_\_\_

Cell Phone: (A) \_\_\_\_\_ (B) \_\_\_\_\_

Occupation: (A) \_\_\_\_\_ (B) \_\_\_\_\_

Work Address: (A) \_\_\_\_\_ (B) \_\_\_\_\_

Work Phone: (A) \_\_\_\_\_ (B) \_\_\_\_\_

Hebrew Name: (A) \_\_\_\_\_ (B) \_\_\_\_\_

Date of Birth: (A) \_\_\_\_\_ (B) \_\_\_\_\_

Anniversary: \_\_\_\_\_

Children's Names	Date of Birth	Grade	Hebrew Name
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Will your children be attending our religious school? \_\_\_\_\_

What attracted you to join our congregation? \_\_\_\_\_

\_\_\_\_\_

Are you interested in adult education? If yes, what in particular? \_\_\_\_\_

\_\_\_\_\_



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Yahrzeits:

Name	Relation	Date (Hebrew and/or English date)
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We encourage members to participate in all aspects of community life. Please indicate which of the following areas are of interest to you. (If more than one person is joining, please use initials to indicate who has an interest.)

Spiritual Life	_____	Serving on Board	_____
Religious School	_____	Communication	_____
Vision	_____	Publicity	_____
Adult Learning	_____	Congregational Retreat	_____
Social Action	_____	Coordinating Onegs	_____
Membership	_____	Acts of Caring	_____

The involvement of members in all aspects of congregational life enriches our community. Please list any special interests or talents that family members can share with the community: \_\_\_\_\_

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Signature(s): \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Please return this form to:  
Tzedek v'Shalom  
Attention: Carolyn Bacher  
Box 863  
Newtown, PA 18940

For questions about membership, please call Carolyn Bacher at 215-860-3565.

Welcome to Tzedek v'Shalom!