CONGREGATION
Sons of Zion

Congregation Sons of Zion
380 Dwight Street, Unit 8
Holyoke, MA 01040
(413) 534-3369
office@sonsofzionholyoke.org

2026-2027
Membership Form

Adult Member

Name

_____

Preferred Title First Middle Last

Preferred Name_____

Hebrew Name_____

Parent's Hebrew Name (If Known) _____

Preferred Pronoun (Optional) _____

DOB_____

Home Phone _____

Cell Phone _____

Email _____

Emergency Contact _____

Emergency Contact Relationship _____

Emergency Contact Phone Number _____

Adult Member

Name

_____

Preferred Title First Middle Last

Preferred Name_____

Hebrew Name_____

Parent's Hebrew Name (If Known) _____

Preferred Pronoun (Optional) _____

DOB_____

Home Phone _____

Cell Phone _____

Email _____

Emergency Contact _____

Emergency Contact Relationship _____

Emergency Contact Phone Number _____

Home Address

Street_____

_____

City_____ Zip Code_____

Street_____

_____

City_____ Zip Code_____

Adult Member

- ☐ Jewish
- ☐ Non-Jewish

Please provide information for any yahrzeits you would like to observe (Name, Relationship, Date of Birth, Date of Death):

_____

_____

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_____

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_____

Adult Member

- ☐ Jewish
- ☐ Non-Jewish

Please provide information for any yahrzeits you would like to observe (Name, Relationship, Date of Birth, Date of Death):

_____

_____

_____

_____

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_____

_____

_____

Children

Name

____

First Middle Last

Preferred Name ______________________

Hebrew Name ______________________

Preferred Pronoun (Optional) ______________

DOB ______________________

Current Grade ______________________

School ______________________

Expected Bar/Bat Mitzvah Year ______________

Name

____

First Middle Last

Preferred Name ______________________

Hebrew Name ______________________

Preferred Pronoun (Optional) ______________

DOB ______________________

Current Grade ______________________

School ______________________

Expected Bar/Bat Mitzvah Year ______________

Name

____

First Middle Last

Preferred Name ______________________

Hebrew Name ______________________

Preferred Pronoun (Optional) ______________

DOB ______________________

Current Grade ______________________

School ______________________

Expected Bar/Bat Mitzvah Year ______________

Name

____

First Middle Last

Preferred Name ______________________

Hebrew Name ______________________

Preferred Pronoun (Optional) ______________

DOB ______________________

Current Grade ______________________

School ______________________

Expected Bar/Bat Mitzvah Year ______________

Other Information

We would love to know more about yourself and your family. Would you mind telling us about your interests and hobbies? Do you sing, cook, garden, enjoy photography? Can you read Hebrew, chant Torah, or lead services? Would you like to learn? Are there other talents/areas of interest that you would like to share with our community?