

CONGREGATION SONS OF ZION
378 MAPLE STREET
HOLYOKE, MA 01040
(413)534-3369

office@sonsofzionholyokey.org



2022-2023 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 _____

Home Address

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):

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 _____

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Adult Member

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