

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

office@sonsofzionholyokey.org



# 2024-2025 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):

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

## Adult Member

Name

Preferred Title First Middle Last

Preferred Name \_\_\_\_\_

Hebrew Name \_\_\_\_\_

Parent's Hebrew Name (If Known) \_\_\_\_\_

Preferred Pronoun (Optional) \_\_\_\_\_

DOB \_\_\_\_\_

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

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