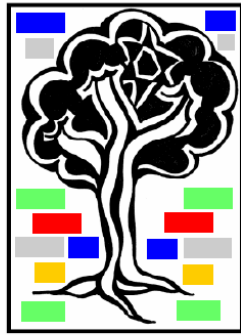


Tri-City Jewish Center
2715 -30th Street
Rock Island, Illinois 61201
Tel 309.788.3426
tricityjewishcenter.org

Tri-City Jewish Center

Rabbi
President

Michael Samuel
Debbie Cini



Of the Quad Cities

Membership Application

Date _____

Name _____

Home Address _____ Zip _____

Home Phone _____ Email Address _____

Marital Status: Married _____ Single _____ Widow/er _____ Divorced _____

Date of Marriage _____

Husband (or Single Male Member)

Name _____

Hebrew Name _____

Date of Birth _____

Kohen _____ Levi _____ Yisrael _____

Occupation _____

Company Name _____

Business Address _____

Phone _____

Wife (or Single Female Member)

Name _____

Hebrew Name _____

Date of Birth _____

Maiden Name _____

Occupation _____

Company Name _____

Business Address _____

Phone _____

Children

Name	Hebrew Name	Gender	Birth date	Grade
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

Yahrzeit (please complete, as best you can)

Name	Relationship	Date/Month/Year	Hebrew Date
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Previous Synagogue Affiliation

Synagogue _____ Join Date _____

Orthodox _____ Conservative _____ Reform _____ Non-Affiliated _____

City _____ Resign Date _____

Committees (please check those in which you are interested)

_____ Sisterhood	_____ Men's Club	_____ School Board
_____ Budget and Finance	_____ Public Relations	_____ Membership
_____ Building	_____ Adult Education	_____ Library
_____ Youth	_____ Usher	_____ Legal and By-Laws

Volunteer Activities

_____ Labeling/Mailing _____ Religious Ed. Teacher _____ Religious Ed. Substitute

_____ Baking _____ Cooking for Shabbat Dinners

_____ Others (please specify) _____

Children Programs

_____ USY

_____ NIFTY

Any other information about you and your family that you would like us to know

Signature of Applicant

Date

Signature of Applicant

Date