

HEBREW CONGREGATION OF SOMERS

FRIENDS OF HCS APPLICATION

**P.O. BOX 40
SHENOROCK, NEW YORK 10587**

DATE:

ADULT A

ADULT B

LAST NAME:

LAST NAME:

FIRST NAME:

FIRST NAME:

HEBREW NAME:

HEBREW NAME

DATE OF BIRTH:

DATE OF BIRTH:

OCCUPATION:

OCCUPATION:

HOME PHONE:

HOME PHONE:

WORK PHONE:

WORK PHONE:

E-MAIL:

E-MAIL:

PRIMARY ADDRESS

STREET/ P.O. BOX:

CITY/STATE/ZIP

CHILDREN'S INFORMATION

FAMILY NAME

FIRST NAME

HEBREW NAME

BIRTH DATE

AT HOME

YES NO

YES NO

YES NO

YES NO

What factors led you to choose Hebrew Congregation of Somers Synagogue?

Do you belong to any other synagogues? If so, which?

Suggestions or comments regarding programs, events, etc.:

**PLEASE MAIL YOUR COMPLETED APPLICATION,
ALONG WITH A DONATION OF YOUR CHOICE,
TO THE ABOVE ADDRESS.**