

NORTH FORK REFORM SYNAGOGUE
MEMBER INFORMATION

Please complete and return to: NFRS, Membership Committee, P.O. Box 1625, Southold, NY 11971. Dues are \$500/year for a family and \$350/year for an individual. Please make your check payable to the North Fork Reform Synagogue.

NAME	OCCUPATION	BIRTHDAY
NAME	OCCUPATION	BIRTHDAY
WEDDING ANNIVERSARY		

ADDRESS <input type="checkbox"/> Primary <input type="checkbox"/> Mail <input type="checkbox"/> Summer <input type="checkbox"/> Winter <input type="checkbox"/> Weekends		ADDRESS <input type="checkbox"/> Primary <input type="checkbox"/> Mail <input type="checkbox"/> Summer <input type="checkbox"/> Winter <input type="checkbox"/> Weekends	
STREET		STREET	
P. O. BOX		P. O. BOX	
CITY		CITY	
STATE	ZIP	STATE	ZIP
PHONE	PHONE	PHONE	PHONE
E-MAIL		E-MAIL	

CHILDREN'S NAMES	BIRTHDAYS	CHILDREN'S NAMES	BIRTHDAYS

SKILLS, HOBBIES, INTERESTS:

PLEASE INDICATE YOUR INTEREST IN HELPING WITH ONE OR MORE OF THE FOLLOWING ACTIVITIES:			
<input type="checkbox"/> Religious Practices	<input type="checkbox"/> Fund Raising	<input type="checkbox"/> Programs	<input type="checkbox"/> Onegs
<input type="checkbox"/> Membership	<input type="checkbox"/> Newsletter	<input type="checkbox"/> Education	<input type="checkbox"/> Facilities
<input type="checkbox"/> Publicity	<input type="checkbox"/> Music	<input type="checkbox"/> Children	<input type="checkbox"/> Other:
<input type="checkbox"/> Hosting Rabbi	<input type="checkbox"/> Teen Program	<input type="checkbox"/> Adults	

If you have any questions or would like to speak with someone about our congregation, please call our president, Steven Hill at (631) 734-2786.

Thank you. We look forward to welcoming you into our congregation.