

Traditional Congregation of Mount Dora
Member Contact Information

(Please print clearly)

Date: _____

Name(s) to use on mailing labels:

Home Address _____ City, State, Zip _____

Home Phone () _____ Home Fax () _____ E-Mail _____

Mail Preference: E-Mail Paper and Envelopes

Adult #1 Name: _____

Hebrew Name *(transliterated)* _____

Adult #2 Name: _____

Hebrew Name *(transliterated)* _____

(e.g. "Zalman son of Shmuel & Sarah")

Please let us know of your family yahrzeits, birthdays, and/or anniversaries. We will include it in our quarterly newsletter.

Committee Interests *(Please indicate which person is interested in each committee you select):*

Outreach _____ Legal Affairs _____

Facilities _____ Membership _____

Ways and Means _____ Fundraising _____

Hebrew School _____ Social _____

Good and Welfare _____ Adult Ed _____

Youth Services _____ Other _____

(optional)

Tell us something about your skills & Experiences: Previous Jewish education
(Hebrew school, day school, high school, college) Reading Torah Reading Haftarah
Artistic skills (singing, musical instruments, arts or crafts, etc.) Computer
skills (database, Web site design, other) Fund-raising experience, Other

By signature below, I (we) attest that I (we) shall abide by the Bylaws of the Traditional Congregation of Mount Dora, and work for the Synagogue's goals of support and growth of the Jewish Community.
