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*Shalom! Welcome to Stephen Wise Free Synagogue, a member of the Union for Reform Judaism.  
We look forward to getting to know you!*

## Membership Profile Form

Please help us keep in touch by providing the following data. All information is held in confidence for synagogue use only.

**Adult One: SECTION A** (For Adult 2, please continue to Page 2) Gender \_\_\_\_\_ Salutation \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Hebrew Name (if applicable) \_\_\_\_\_  
Street Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Blood Type & RH Factor (optional; the synagogue will only contact you if needed.) \_\_\_\_\_

Mark Preferred Contact #:  Home \_\_\_\_\_  Cell \_\_\_\_\_  Email \_\_\_\_\_

Seasonal Address Information Please send mail to this address from (day/month) \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

Street Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Family Status \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Single  Engaged  Married  WeddingDate/Anniversary \_\_\_\_\_  Partnered  Separated  Divorced  Widowed

### Religious Background

Religious tradition in which I was raised:  Reform  Conservative  Orthodox  Reconstructionist  Unaffiliated

Non-Jewish (please specify) \_\_\_\_\_  Converted to Judaism (date) \_\_\_\_/\_\_\_\_/\_\_\_\_

### Recent or Additionally Affiliated Synagogues

Religious tradition of other/recent synagogues:  Reform  Conservative  Orthodox  Reconstructionist  Other \_\_\_\_\_

Name(s) / location(s) \_\_\_\_\_ Years Affiliated \_\_\_\_\_

Were you active in synagogue life? \_\_\_\_\_ If so, in what capacity? \_\_\_\_\_ If not currently Jewish, religious affiliation \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Bar/Bat Mitzvah Date / Portion \_\_\_\_\_ Congregation/City \_\_\_\_\_ Hebrew Fluency:  None  Beginner  Advanced

If you need more space for any section of this application, feel free to continue writing on a blank sheet of paper

Signature Adult One: \_\_\_\_\_ Signature Adult Two: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Hebrew Name (if applicable) \_\_\_\_\_

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Street Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Blood Type & RH Factor (optional; the synagogue will only contact you if needed.) \_\_\_\_\_

Mark Preferred Contact #:  Home \_\_\_\_\_  Cell \_\_\_\_\_  Email \_\_\_\_\_

Seasonal Address Information Please send mail to this address from (day/month) \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

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Street Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

### Family Status

Single  Engaged  Married \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 WeddingDate/Anniversary  Partnered  Separated  Divorced  Widowed

### Religious Background

Religious tradition in which I was raised:  Reform  Conservative  Orthodox  Reconstructionist  Unaffiliated

Non-Jewish (please specify) \_\_\_\_\_  Converted to Judaism (date) \_\_\_\_/\_\_\_\_/\_\_\_\_

### Recent or Additionally Affiliated Synagogues

Religious tradition of other/recent synagogues:  Reform  Conservative  Orthodox  Reconstructionist  Other \_\_\_\_\_

Name(s) / location(s) \_\_\_\_\_ Years Affiliated \_\_\_\_\_

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Were you active in synagogue life? \_\_\_\_\_ If so, in what capacity? \_\_\_\_\_ If not currently Jewish, religious affiliation \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Bar/Bat Mitzvah Date / Portion \_\_\_\_\_ Congregation/City \_\_\_\_\_ Hebrew Fluency:  None  Beginner  Advanced

## Adults One and Two:

Rejoining Stephen Wise  New Member

Reasons for joining Stephen Wise: \_\_\_\_\_

Clergy  Friend is a member  ECC  Religious School  Lifecycle  Services  Adult Learning  Social Justice

I/We learned about Stephen Wise from: \_\_\_\_\_

## Multigenerational Membership

**You & Your Family:** DO YOU HAVE RELATIVES IN CURRENT MEMBERSHIP AT SWFS? PLEASE LIST NAMES & RELATIONSHIPS BELOW:

## Adults & Family

**Special Needs: You & Your Family:** PLEASE LET US KNOW IF THERE ARE ANY SPECIAL NEEDS WE SHOULD BE AWARE OF.

**Adult One: SECTION B**

Continued from Page 1

Education      Year / Degree      Institution

Associates: \_\_\_\_\_ / \_\_\_\_\_

Bachelors: \_\_\_\_\_ / \_\_\_\_\_

Masters: \_\_\_\_\_ / \_\_\_\_\_

Doctoral: \_\_\_\_\_ / \_\_\_\_\_

**Business**

Occupation: \_\_\_\_\_  Retired

Title: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Firm Address: \_\_\_\_\_

Bus. Phone: \_\_\_\_\_ ext. \_\_\_\_\_

**Affiliations**

Professional: \_\_\_\_\_

Community/Political Orgs: \_\_\_\_\_

Jewish Orgs: \_\_\_\_\_  
(ex: JCC, 92nd St Y, UJA-Federation, JNF, etc)

**Cemetery Arrangements**

Contact me    I do not have a plot    I have a plot: # \_\_\_\_\_

Cemetery: \_\_\_\_\_

**Adult Two: SECTION B**

Continued from Page 2

Education      Year / Degree      Institution

Associates: \_\_\_\_\_ / \_\_\_\_\_

Bachelors: \_\_\_\_\_ / \_\_\_\_\_

Masters: \_\_\_\_\_ / \_\_\_\_\_

Doctoral: \_\_\_\_\_ / \_\_\_\_\_

**Business**

Occupation: \_\_\_\_\_  Retired

Title: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Firm Address: \_\_\_\_\_

Bus. Phone: \_\_\_\_\_ ext. \_\_\_\_\_

**Affiliations**

Professional: \_\_\_\_\_

Community/Political Orgs: \_\_\_\_\_

Jewish Orgs: \_\_\_\_\_  
(ex: JCC, 92nd St Y, UJA-Federation, JNF, etc)

**Cemetery Arrangements**

Contact me    I do not have a plot    I have a plot: # \_\_\_\_\_

Cemetery: \_\_\_\_\_

**Adults One and Two: SECTION C** Please mark your interests below. A1 = Adult One; A2 = Adult Two.

- Adult B'nai Mitzvah.....  A1    A2      Parenting.....  A1    A2
- Adult Education .....  A1    A2      Religious School .....  A1    A2
- Caring Community (HELPING FELLOW MEMBERS).....  A1    A2      Ritual / Religious Practices .....  A1    A2
- Emergency Food Program .....  A1    A2      Social Action.....  A1    A2
- Facilities .....  A1    A2      Social Justice Task Force: Anti-Semitism.....  A1    A2
- Finance, Budget & Investment.....  A1    A2      Social Justice Task Force: Immigration .....  A1    A2
- Fundraising / Development.....  A1    A2      Social Justice Task Force: Civil Liberties .....  A1    A2
- Israel.....  A1    A2      Social Services (ASSISTING THOSE IN NEED) .....  A1    A2
- Membership.....  A1    A2      Teen Initiatives.....  A1    A2
- Music.....  A1    A2      Travel Missions .....  A1    A2
- Next Step Men's Shelter .....  A1    A2      Young Adventurers (ASSISTING CHALLENGED ADULTS) .  A1    A2

Do you have skills and talents you'd like to share? Please let us know!

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1. **NAME:** \_\_\_\_\_ Gender \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Bar/Bat Mitzvah: \_\_\_\_/\_\_\_\_/\_\_\_\_

Bar/Bat Mitzvah Portion: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

SWFSECC  SWFSReligiousSchool,Gr. \_\_\_\_  SWFSGrad

Secular School/College: \_\_\_\_\_

Parent (other than member household): \_\_\_\_\_

If child is independent of member household,  
 Single  Partnered  Separated/Divorced/Widowed

Married: Spouse \_\_\_\_\_

3. **NAME:** \_\_\_\_\_ Gender \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Bar/Bat Mitzvah: \_\_\_\_/\_\_\_\_/\_\_\_\_

Bar/Bat Mitzvah Portion: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

SWFSECC  SWFSReligiousSchool,Gr. \_\_\_\_  SWFSGrad

Secular School/College: \_\_\_\_\_

Parent (other than member household): \_\_\_\_\_

If child is independent of member household,  
 Single  Partnered  Separated/Divorced/Widowed

Married: Spouse \_\_\_\_\_

2. **NAME:** \_\_\_\_\_ Gender \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Bar/Bat Mitzvah: \_\_\_\_/\_\_\_\_/\_\_\_\_

Bar/Bat Mitzvah Portion: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

SWFSECC  SWFSReligiousSchool,Gr. \_\_\_\_  SWFSGrad

Secular School/College: \_\_\_\_\_

Parent (other than member household): \_\_\_\_\_

If child is independent of member household,  
 Single  Partnered  Separated/Divorced/Widowed

Married: Spouse \_\_\_\_\_

4. **NAME:** \_\_\_\_\_ Gender \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Bar/Bat Mitzvah: \_\_\_\_/\_\_\_\_/\_\_\_\_

Bar/Bat Mitzvah Portion: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

SWFSECC  SWFSReligiousSchool,Gr. \_\_\_\_  SWFSGrad

Secular School/College: \_\_\_\_\_

Parent (other than member household): \_\_\_\_\_

If child is independent of member household,  
 Single  Partnered  Separated/Divorced/Widowed

Married: Spouse \_\_\_\_\_

**Adult One: SECTION D**

**Yahrtzeit**

Reminders & annual name reading will be based on secular calendar unless you designate preference for Hebrew calendar date here:

Name: \_\_\_\_\_

Relationship to Adult One: \_\_\_\_\_  Plaque

Death Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  Buried Westchester Hills

Name: \_\_\_\_\_

Relationship to Adult One: \_\_\_\_\_  Plaque

Death Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  Buried Westchester Hills

**Adult Two: SECTION D**

**Yahrtzeit**

Reminders & annual name reading will be based on secular calendar unless you designate preference for Hebrew calendar date here:

Name: \_\_\_\_\_

Relationship to Adult Two: \_\_\_\_\_  Plaque

Death Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  Buried Westchester Hills

Name: \_\_\_\_\_

Relationship to Adult Two: \_\_\_\_\_  Plaque

Death Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  Buried Westchester Hills

**Information Sharing Option**

Guarding the privacy of our members is important to us. Creating community and sharing lifecycle events within the synagogue community is also important. At no time will your contact or personal info be shared outside SWFS. Check the below options if you prefer complete privacy.

Please do not share my/our name and contact info with members.  Please do not use any individual photos of myself or my family unless I/we specify otherwise. I understand that I/we may be included in group photos of synagogue activities.