



Mail application and payment to:
 The Fellowship for Jewish Learning
 PO Box 17291
 Stamford, CT , 06907

Membership Application
 2011-2012

Personal Information

Family Surname(s): _____
 Address: _____
 City: _____ Zip: _____
 Home Phone: _____ Cell: _____
 Preferred Email(s): _____
 Married: Yes _____ No _____
 Previous Synagogue Affiliation: _____
 How did you hear about the Fellowship? _____

Family Information

	Adult 1	Adult 2
Name		
Date of Birth		
Occupation		

Children

English Name	Date of Birth	Age/Grade	Hebrew Name

Will your children be attending our Hebrew School? _____

