



**CONGREGATION EMANU-EL ISRAEL**

222 North Main Street • Greensburg, PA 15601 • Phone: (724) 834-0560 \_\_\_\_\_

**Membership Packet**

Welcome! Congregation Emanu-El Israel is pleased that you have shown an interest in joining our temple. Please take a few minutes to fill out the enclosed application and send it via mail or email attachment to the Temple at [office@cei-greensburg.org](mailto:office@cei-greensburg.org). Someone from the Membership Committee will contact you to discuss any questions you may have. You will receive a written acknowledgement of your membership and a letter welcoming you into the C.E.I. Family.

**Membership Chair** – Mary Ellen Kane - 724-689-6403 – [mekane1522@yahoo.com](mailto:mekane1522@yahoo.com)

**Full Name/s:** \_\_\_\_\_

**Hebrew Name/s:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Mobile Phone:** \_\_\_\_\_

**Mobile Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Occupation/Retired:** \_\_\_\_\_

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**Names and Ages of Children:**

\_\_\_\_\_ Age: \_\_\_\_\_

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

\_\_\_\_\_ Age: \_\_\_\_\_

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

\_\_\_\_\_ Age: \_\_\_\_\_

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

**Name and location of previous congregations, if any:  
(Please indicate whether Orthodox, Conservative or Reform.)**

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**Does your family have a cemetery lot?   Y   N**

**If yes, where?** \_\_\_\_\_

	<u>Yahrzeits</u>	
<u>Name and Relationship</u>	<u>English Date &amp; Year</u>	<u>Hebrew Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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**Tell us about Jewish your experience:** (Previous congregation, Bar/Bat Mitzvah, Confirmation, religious background, etc.)

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**What are your interests?** (Religious, Children's Education, Adult Education, Social Action, Youth Group, Social, Cultural, etc.)

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**Remarks/Comments:**

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