

CSAIR 2010 – 11 MEMBERSHIP RENEWAL FORM

Please return this form to the synagogue office by August 1st by mail or by fax (718-543-3110) or by email to: executivedirector@csair.org

____ I wish to renew my membership for 2008-09

____ I do not wish to renew my membership for 2008-09 *(Please return this form even if you are not renewing your membership so that we can maintain accurate membership records)*

Adult Member (1) Last Name: _____ First Name: _____

Home Phone: () _____ Work Phone: () _____

Cell Phone: () _____ E-mail: _____

Birth Date: _____ Profession: _____

Adult Member (2) Last Name: _____ First Name: _____

Home Phone: () _____ Work Phone: () _____

Cell Phone: () _____ E-mail: _____

Birth Date: _____ Profession: _____

Anniversary: _____

Children's Names: (1) _____ Birth date: _____ Grade: _____

(2) _____ Birth date: _____ Grade: _____

(3) _____ Birth date: _____ Grade: _____

(4) _____ Birth date: _____ Grade: _____

How would you like your mail to be addressed to your home?

(e.g Mr. & Mrs. John Smith; John & Jane Smith; Dr. Jane Jones & Mr. John Smith)

Address Mail to: _____

Address: _____ Apt # _____

City: _____ State: _____ Zip Code: _____

See other side→

Adult Member (1)

Business Name and Address:

Adult Member (2)

Business Name and Address:

Emergency Contact Information:

Name: _____ Relationship to Family: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: () _____

If you have any skills that you would be willing to share with the CSAIR community, please list them below: (e.g. read haftorah, teach introductory Hebrew, lead a book discussion group)

Thank You