



Welcome! We are thrilled you have decided to join our Bolton Street Synagogue community. This questionnaire aims to learn more about you (and your family), our new member(s)! Thank you for taking the time to fill this out. Please return it to the synagogue office via email (sjacobs@boltonstreet.org) or Mail.

May we share the joy of your Birthday/Anniversary with the congregation in our bulletin/announcements:

Contact Information		
	Adult 1:	Adult 2:
First Name:		
Last Name:		
Preferred Name:		
Pronouns:		
Birthday:		
<input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Other: _____ <input type="checkbox"/> Married, Date: _____		
Address: (street, city, state, zip)		
Primary Phone #	C/H/W	C/H/W
Email Address:		
Profession/Occupation:		
Company Name:		

Birthday Adult 1: Yes No **Birthday Adult 2:** Yes No

Anniversary: Yes No

How did you learn/hear about Bolton Street Synagogue?

- Attended a service/program: _____ Friend or Family Member: _____
 Search Engine/Social Media/Website Other: _____

Religious Tradition		
	Adult 1	Adult 2
The tradition in which you were raised	<input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Secular <input type="checkbox"/> Other _____	<input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Secular <input type="checkbox"/> Other _____
If not raised in the Jewish tradition, are you...	<input type="checkbox"/> Jewish by Choice <input type="checkbox"/> non-Jewish <input type="checkbox"/> Denomination: _____	<input type="checkbox"/> Jewish by Choice <input type="checkbox"/> non-Jewish <input type="checkbox"/> Denomination: _____
Did you become a Bar/Bat/Bet Mitzvah?	<input type="checkbox"/> Yes, Date: _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes, Date: _____ <input type="checkbox"/> No

Children (live at home)

Child 1

First Name:	Last Name:
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Preferred Name:	Pronouns:
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Date of Birth:	
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Weekday School:	Grade:
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Are you interested in:
 Young Family Programming (0-6) Religious School (K- 7th) Teen Programming (8th-12th)

Child 2

First Name:	Last Name:
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Preferred Name:	Pronouns:
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Date of Birth:	
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Weekday School:	Grade:
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Are you interested in:
 Young Family Programming (0-6) Religious School (K- 7th) Teen Programming (8th-12th)

Child 3

First Name:	Last Name:
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Preferred Name:	Pronouns:
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Date of Birth:	
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Weekday School:	Grade:
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Are you interested in:
 Young Family Programming (0-6) Religious School (K- 7th) Teen Programming (8th-12th)

Adult Children (who do not live at home)

Child 1

First Name & Last Name (& Spouse if applicable):

Date of Birth:	City/State:
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Child 2

First Name & Last Name (& Spouse if applicable):

Date of Birth:	City/State:
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Child 3

First Name & Last Name (& Spouse if applicable):

Date of Birth:	City/State:
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Do you have any grandchildren that you would like to include? If yes, please provide their name and DOB:

Do you have relatives who are members of BSS? If yes, please list the relationship.

Bolton Street Synagogue thrives because of the active participation of our members on various committees and events. Please [click here](#) for a list of current committees.

Adult 1 Name:	Adult 2 Name:
Hobbies, Skills, & Interest: <input type="checkbox"/> Accounting/Budgeting <input type="checkbox"/> Baking/Cooking <input type="checkbox"/> Communication/Marketing <input type="checkbox"/> Community Events/Rallies <input type="checkbox"/> Fundraising <input type="checkbox"/> Gardening/Planting <input type="checkbox"/> Music: <input type="checkbox"/> Singing <input type="checkbox"/> Musical Instrument: _____ <input type="checkbox"/> Social Events <input type="checkbox"/> Torah/Haftorah Reading <input type="checkbox"/> Other: _____	Hobbies, Skills, & Interests: <input type="checkbox"/> Accounting/Budgeting <input type="checkbox"/> Baking/Cooking <input type="checkbox"/> Communication/Marketing <input type="checkbox"/> Community Events/Rallies <input type="checkbox"/> Fundraising <input type="checkbox"/> Gardening/Planting <input type="checkbox"/> Music: <input type="checkbox"/> Singing <input type="checkbox"/> Musical Instrument: _____ <input type="checkbox"/> Social Events <input type="checkbox"/> Torah/Haftorah Reading <input type="checkbox"/> Other: _____

Yahrzeits of loved ones that you would like to include in our database. You will receive reminders of their upcoming Yahrzeit and the date their name will be read in services.

Name	Relationship and to whom related	English Date of Death	Before or After Sunset (if known)	Do you observe the Hebrew (H) or Gregorian (G) Date

* Our database can convert the date into the coinciding Hebrew Date. If you observe the Georgian date of death, please indicate it above next to the date of death so we can notify you correctly.