

Congregation B'nai Israel

- Chavurah Membership Questionnaire -

Participant

Name: _____
E-mail: _____
Age: _____

Participant

Name: _____
E-mail: _____
Age: _____

How we can contact you:

Home Address: _____
City, State, Zip: _____
Home phone: _____

Tell us about your children:

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____

What are your interests: (Please check all that apply)

Jewish holiday celebrations	_____	People my age	_____
Interfaith	_____	Singles	_____
People without children	_____	People with children	_____
Couples	_____	Other	_____

A few organizational questions:

Would you be willing to host the initial meeting of your Chavurah? _____

Would you be willing to become the contact person for your Chavurah? _____

Any other helpful information to assist us in placing you in a Chavurah? _____

Thank you for your interest and for filling out this form. When completed, please return to Steven Orkand at 5340 Angelina Ave., Carmichael, CA 95608