

**MCJC MEMBERSHIP INFORMATION FORM  
HOUSEHOLD INFORMATION**

Please mail all three pages of this information form to: MCJC, 8617 Ridgefield Rd., Crystal Lake, IL 60012. Thank you for your interest in MCJC!

Your Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZipCode \_\_\_\_\_

**IF YOU ARE NOT A CURRENT MEMBER,**

**PLEASE TELL US HOW YOU HEARD ABOUT US AND WHAT AREAS OF INTEREST YOU HAVE:**

<b>Questions? Would you like to talk with an MCJC representative about filling in this form? Best phone # for a call?</b>				<b>Best day/s of the week and time/s to call?</b>			
<b>How did you hear about MCJC? Please check all that apply:</b>				<b>What was your first contact with MCJC? Please check all that apply:</b>			
Newspaper	<input type="checkbox"/>			Website/email	<input type="checkbox"/>		
Website	<input type="checkbox"/>			Phone	<input type="checkbox"/>		
Social Media	<input type="checkbox"/>			In Person (attended a service or program)	<input type="checkbox"/>		
Friend	<input type="checkbox"/>			Other (please specify)	<input type="checkbox"/>		
Other (please specify)	<input type="checkbox"/>				<input type="checkbox"/>		
<b>I'd like to know more about ... Please check all that apply:</b>							
Adult Education	<input type="checkbox"/>	Religious School	<input type="checkbox"/>	Bar/Bat Mitzvah	<input type="checkbox"/>	Religious Services	<input type="checkbox"/>
						Membership	<input type="checkbox"/>
							Speak with Rabbi Tom <input type="checkbox"/>

**Please share any comments or question below:**

FOR OFFICE USE

Date of first contact: \_\_\_\_\_ MCJC Representative: \_\_\_\_\_ HH\_ID \_\_\_\_\_

Your Name \_\_\_\_\_ Home Phone \_\_\_\_\_

**INDIVIDUALS IN YOUR HOUSEHOLD**

	<b>Yourself</b>	<b>2<sup>nd</sup> Person</b>	<b>3<sup>rd</sup> Person</b>	<b>4<sup>th</sup> Person</b>
<b>Last Name</b>				
<b>First Name</b>				
<b>Cell Phone</b>				
<b>Email Address</b>				
<b>Hebrew Name</b>				
<b>Kohen or Levi?</b>				
<b>Your Jewish education</b>				
<b>Date of birth</b>				
<b>Date of Bar/Bat Mitzvah</b>				
<b>Wedding Date</b>				
<b>Emergency contact</b>				
<b>Emergency relationship</b>				
<b>Emergency phone</b>				

FOR OFFICE USE

Date of first contact: \_\_\_\_\_ MCJC Representative: \_\_\_\_\_ HH\_ID \_\_\_\_\_

### Yahrzeits

Your Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Person Observing Yahrzeit	Relationship to Deceased	Deceased English Name (First & Last)	Deceased Hebrew Name	Date of Death	Before Sundown?	Hebrew Date of Death

FOR OFFICE USE

Date of first contact: \_\_\_\_\_ MCJC Representative: \_\_\_\_\_ HH\_ID \_\_\_\_\_