KEHILAT SHALOM Society of Calgary

Personal Information Form

Information you furnish will be kept strictly confidential. It is intended for our records only.
(Please print clearly and check and fill all applicable boxes.)

Mailing Address	Number	Street		Apartment
	City	Province		Postal Code
Home Phone:		Alternate phone:		
E-mail Addresses:				

Person 1	Gender: ☐ M ☐ F	☐ Adult ☐ Student ☐ Under 18(Age?)		
	First Name:		**Last Name:**	
	Hebrew Name:			
	Skills to Share:			
Person 2	Gender: ☐ M ☐ F	☐ Adult ☐ Student ☐ Under 18(Age?)		
	First Name:		**Last Name:**	
	Hebrew Name:			
	Skills to Share:			
Person 3	Gender: ☐ M ☐ F	☐ Adult ☐ Student ☐ Under 18(Age?)		
	First Name:		**Last Name:**	
	Hebrew Name:			
	Skills to Share:			
Person 4	Gender: ☐ M ☐ F	☐ Adult ☐ Student ☐ Under 18(Age?)		
	First Name:		**Last Name:**	
	Hebrew Name:			
	Skills to Share:			
Person 5	Gender: ☐ M ☐ F	☐ Adult ☐ Student ☐ Child (Age?)		
	First Name:		**Last Name:**	
	Hebrew Name:			
	Skills to Share:			

e.g. Web Design, Accounting, Database, Event

Yahrzeits (memorial Dates)	Member's Name	Name of Departed (English)	Name of Departed (Hebrew)	English Calendar Date	After Sunset? Yes/No

e.g. Harry Joseph Goldberg Yosef Ben Avraham 01/31/2003 Yes