



2018 - 2019 NEW MEMBER APPLICATION

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|--|--|---|--|--|--|---|-----|
| Member's Last Name | | Member's First Name | | Member's Preferred Name | | Member's Cell Phone () | |
| Member's E-mail Address | | | | Member's Hebrew Name | | | |
| Co-Member's Last Name | | Co-Member's First Name | | Co-Member's Preferred Name | | Co-Member's Cell Phone () | |
| Co-Member's E-mail Address | | | | Co-Member's Hebrew Name | | | |
| Member <input type="checkbox"/> Jewish <input type="checkbox"/> Not Jewish | | | | Co-Member <input type="checkbox"/> Jewish <input type="checkbox"/> Not Jewish | | | |
| Member's Birthday (mo/da/yr) | | Co-Member's Birthday (mo/da/yr) | | Anniversary (mo/da/yr) | | | |
| Mailing Address | | | | Residence Address (if different from mailing address) | | | |
| City | | Zip | | City | | Zip | |
| Member's Place of Employment | | Member's Occupation/Position | | Home Phone () | | Cell Phone () | |
| Co-Member's Place of Employment | | Co-Member's Occupation/Position | | Home Phone () | | Cell Phone () | |
| In the event of an emergency, illness or death, please contact: (NOT someone living at same residence) | | | | | | | |
| Name (Full first and last name) | | | | Relationship to Member/Co-Member | | Phone # cell? <input type="checkbox"/> Yes <input type="checkbox"/> No () | |
| Mailing Address | | | | City | | State | Zip |
| Email Address | | | | | | | |
| Child/ren living at home and full-time student/s under age 24 | | | | | | | |
| Name | | Hebrew Name | | Birthdate (mo/da/yr) | | Grade level for '17-'18 if Geshet School Student | |
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| Yahrzeit Information (Family Member/s Anniversary of Death – need full date) | | | | | | | |
| Name (Full first and last name) | | Relationship (i.e. Father of) | | Check one | | Date of Death (mo/da/yr) | |
| | | | | <input type="checkbox"/> Member <input type="checkbox"/> Co-Member | | | |
| | | | | <input type="checkbox"/> Member <input type="checkbox"/> Co-Member | | | |
| | | | | <input type="checkbox"/> Member <input type="checkbox"/> Co-Member | | | |
| | | | | <input type="checkbox"/> Member <input type="checkbox"/> Co-Member | | | |
| I/We read Hebrew: | | Military Affiliation: | | Interest (s) (check as many as you like): | | | |
| <input type="checkbox"/> Prayer Book <input type="checkbox"/> Fluent <input type="checkbox"/> Speak <input type="checkbox"/> Chant Torah | | Is an immediate family member serving in the Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No Name _____ Relationship _____ | | <input type="checkbox"/> Weekly Services <input type="checkbox"/> Adult Ed <input type="checkbox"/> Torah Study <input type="checkbox"/> Conversion <input type="checkbox"/> Religious School <input type="checkbox"/> High Holy Days | | | |
| Volunteer interests (Please check all of interest): | | | | | | | |
| <input type="checkbox"/> <i>Hesed</i> (supporting mourners/visiting the sick) <input type="checkbox"/> Children's Education <input type="checkbox"/> Finance <input type="checkbox"/> Fundraising | | <input type="checkbox"/> Marketing/Media/Communications <input type="checkbox"/> Membership <input type="checkbox"/> <i>Oneg</i> <input type="checkbox"/> Office Volunteer | | <input type="checkbox"/> Programming/Adult Ed <input type="checkbox"/> Rituals/Events <input type="checkbox"/> <i>Shir Hadash</i> /Music <input type="checkbox"/> <i>Tikkun Olam</i> <input type="checkbox"/> Youth | | | |

Please check box if you DO NOT want contact information to be shared confidentially among our members