



2024- 2025 NEW MEMBER APPLICATION

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 ()			
Co-Member's Place of Employment		Co-Member's Occupation/Position		Home 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 '24-'25 if Gesher School Student	
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