



The Jewish Center New Member Application Form

Thank you for your application and welcome to The Jewish Center! The information on this form will be used for congregational purposes only.

We're glad you're here!

	Applicant: Mr. Ms. Mrs. Other	Co Applicant: Mr. Ms. Mrs. Other
Last Name		
First Name & Middle Initial		
Gender	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F
Home Address		
Home Phone(s)		
Cell Phone		
E-mail Address		
Birth Date		
Hebrew Name		
Father's Hebrew Name		
Mother's Hebrew Name		
Occupation		
Business Name		
Business Address		
Business Phone		
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Partners	<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Partners
Date of Marriage (if applicable)		
Religious Background	<input type="checkbox"/> Born Jewish <input type="checkbox"/> Jewish by Choice <input type="checkbox"/> Other	<input type="checkbox"/> Born Jewish <input type="checkbox"/> Jewish by Choice <input type="checkbox"/> Other
Ritual Skills	<input type="checkbox"/> Had Bar/Bat Mitzvah <input type="checkbox"/> Read Hebrew <input type="checkbox"/> Speak Hebrew <input type="checkbox"/> Lead Services <input type="checkbox"/> Sing in Choir <input type="checkbox"/> Read Torah <input type="checkbox"/> Chant Haftarah	<input type="checkbox"/> Had Bar/Bat Mitzvah <input type="checkbox"/> Read Hebrew <input type="checkbox"/> Speak Hebrew <input type="checkbox"/> Lead Services <input type="checkbox"/> Sing in Choir <input type="checkbox"/> Read Torah <input type="checkbox"/> Chant Haftarah

Children Living at Home:

<i>If more than 4 children, please use back of page</i>	Child #1	Child #2	Child #3	Child #4
Last Name				
First Name & Middle Initial				
Gender	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F
Home Address				
Home Phone(s)				
Cell Phone				
E-mail Address				
Birth Date				
Hebrew Name				
Religious Background	<input type="checkbox"/> Born Jewish <input type="checkbox"/> Jewish by Choice <input type="checkbox"/> Other	<input type="checkbox"/> Born Jewish <input type="checkbox"/> Jewish by Choice <input type="checkbox"/> Other	<input type="checkbox"/> Born Jewish <input type="checkbox"/> Jewish by Choice <input type="checkbox"/> Other	<input type="checkbox"/> Born Jewish <input type="checkbox"/> Jewish by Choice <input type="checkbox"/> Other
Special Needs? (Please describe)				
Current School and Grade				
Bar/Bat Mitzvah?	<input type="checkbox"/> Yes Date:	<input type="checkbox"/> Yes Date:	<input type="checkbox"/> Yes Date:	<input type="checkbox"/> Yes Date:
All Grown Up? (If Applicable)	<input type="checkbox"/> Adult Single <input type="checkbox"/> Adult Married	<input type="checkbox"/> Adult Single <input type="checkbox"/> Adult Married	<input type="checkbox"/> Adult Single <input type="checkbox"/> Adult Married	<input type="checkbox"/> Adult Single <input type="checkbox"/> Adult Married

Yahrzeit Information

Adult 1

Adult 2

(List additional on back of page)

Name of Deceased		
Relationship		
English Date of Death		

Synagogue Membership

<input type="checkbox"/> Household <input type="checkbox"/> Young Member (age 35 & under or preschool family) <input type="checkbox"/> Senior HH (Age 65+)	<input type="checkbox"/> Single <input type="checkbox"/> Single Parent <input type="checkbox"/> Senior Single (Age 65+)	<i>Would you like to be listed in the membership directory?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
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Signature of Applicant

Date

Signature of Co-Applicant

Date