

Congregation of Reform Judaism

Membership Application

APPLICANT		Title	Nickname
Street Address		City, State, Zip	
Home Phone	Cell Phone	Email Address	
Work Phone	Birth Date (month/day/yr)	Hebrew Name	Date of Marriage

Current Marital Status:
 Married Single Divorced Widow Engaged Partner

Jewish Tradition
 Reform Conservative Orthodox Non-Affiliated

If not raised in Jewish tradition, are you: (All single members must be Jewish)
 A Jew by Choice (Convert) Year of Conversion Not Jewish _____ Denomination

CO -APPLICANT		Title	Nickname
Street Address		City, State, Zip	
Home Phone	Cell Phone	Email Address	
Work Phone	Birth Date (month/day/yr)	Hebrew Name	Date of Marriage

Current Marital Status
 Married Single Divorced Widow Engaged Partner

Jewish Tradition
 Reform Conservative Orthodox Non-Affiliated

If not raised in Jewish tradition, are you:
 A Jew by Choice (Convert) Year of Conversion Not Jewish _____ Denomination

Children

CHILD'S NAME		<input type="checkbox"/> Male <input type="checkbox"/> Female	Birthday
Hebrew Name	Email Address	School	Grade
CHILD'S NAME		<input type="checkbox"/> Male <input type="checkbox"/> Female	Birthday
Hebrew Name	Email Address	School	Grade
CHILD'S NAME		<input type="checkbox"/> Male <input type="checkbox"/> Female	Birthday
Hebrew Name	Email Address	School	Grade

Occupation			
1st Adult Member Present Occupation		If Retired, Previous Occupation	
Business Name		Business Email	
Business Address		Business City, State, Zip	
2nd Adult Member Present Occupation		If Retired, Previous Occupation	
Business Name		Business Email	
Business Address		Business City, State, Zip	
Yahrzeit Information (The <i>Secular Date</i> will be used rather than Hebrew date unless requested.)			
Name	Relationship	Observed by	Date of Death
Name	Relationship	Observed by	Date of Death
Name	Relationship	Observed by	Date of Death
Activities and Programs (Check if interested)			
Adult Education <input type="checkbox"/> 1 st Adult <input type="checkbox"/> 2 nd Adult	Youth Education <input type="checkbox"/> 1 st Adult <input type="checkbox"/> 2 nd Adult	Pre-School <input type="checkbox"/> 1 st Adult <input type="checkbox"/> 2 nd Adult	Choir <input type="checkbox"/> 1 st Adult <input type="checkbox"/> 2 nd Adult
Sisterhood (WRJ) <input type="checkbox"/> 1 st Adult <input type="checkbox"/> 2 nd Adult	Brotherhood (MRJ) <input type="checkbox"/> 1 st Adult <input type="checkbox"/> 2 nd Adult	Social Programming <input type="checkbox"/> 1 st Adult <input type="checkbox"/> 2 nd Adult	Social Action <input type="checkbox"/> 1 st Adult <input type="checkbox"/> 2 nd Adult
Spiritual Think Tank <input type="checkbox"/> 1 st Adult <input type="checkbox"/> 2 nd Adult	Hospital Committee <input type="checkbox"/> 1 st Adult <input type="checkbox"/> 2 nd Adult	Fundraising <input type="checkbox"/> 1 st Adult <input type="checkbox"/> 2 nd Adult	Rosh Chodesh Women's Group <input type="checkbox"/> 1 st Adult <input type="checkbox"/> 2 nd Adult
Cultural Arts <input type="checkbox"/> 1 st Adult <input type="checkbox"/> 2 nd Adult	Youth Group <input type="checkbox"/> 1 st Adult <input type="checkbox"/> 2 nd Adult	Buildings/Grounds <input type="checkbox"/> 1 st Adult <input type="checkbox"/> 2 nd Adult	Torah Study <input type="checkbox"/> 1 st Adult <input type="checkbox"/> 2 nd Adult
Names of Friends and Relatives who are CRJ Members			
Activity & Photo Release			
<p>I hereby give permission for myself and my family to participate in all activities of the Congregation of Reform Judaism (CRJ). The undersigned, individually and as legal guardian(s), hereby release the Congregation of Reform Judaism, Inc. its agents, representatives and employees for any acts or omissions which cause or result in injury at any events held at CRJ or at any outings, or going to and from outings, irrespective of cause. Furthermore, CRJ is given express authority to seek and obtain at our expense any and all emergency medical treatment for and on behalf of the undersigned and my family members for all injuries sustained.</p> <p>I grant the Congregation of Reform Judaism (CRJ), its representatives and employees the right to take photographs of me (and my family and guests), and authorize CRJ, its assigns and transferees to copyright, use the photographs in its promotional and marketing material and publicity efforts. I hereby hold harmless and release CRJ, its representatives and employees from liability for any violation of any personal or proprietary right it may have in connection with such use. I agree that CRJ may use such photographs of me with or without my name and for any lawful purpose, including print and/or electronic usage.</p>			
1st Adult Member Signature		2nd Adult Member Signature	
Date		Date	