

# MEMBERSHIP APPLICATION

Please fill out this form completely. All fields required unless specified as optional.

## PERSONAL INFORMATION

### ADULT 1

Male    Female  
 Mr.    Mrs.    Ms.    Dr.    Hon.

### ADULT 2

Male    Female  
 Mr.    Mrs.    Ms.    Dr.    Hon.

Last Name \_\_\_\_\_

First Name, Middle Init. \_\_\_\_\_

Preferred Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Preferred E-mail \_\_\_\_\_

Date of Birth \_\_\_\_\_

Relationship Status    Married    Domestic Partner    Single    Separated    Divorced    Widowed

Anniversary Date (if applicable) \_\_\_\_\_

Highest Level of Edu.    High School    Some College    Bachelors    High School    Some College    Bachelors  
 Masters    Doctorate    Professional School    Masters    Doctorate    Professional School  
 Other \_\_\_\_\_    Other \_\_\_\_\_

College Attended \_\_\_\_\_

Graduate School \_\_\_\_\_

Occupation/Profession \_\_\_\_\_

Specialization/Expertise \_\_\_\_\_

Type of service, product, or industry \_\_\_\_\_

Company/Firm \_\_\_\_\_

Business Address \_\_\_\_\_

Business City/State/Zip \_\_\_\_\_

Business Phone \_\_\_\_\_

Business Fax \_\_\_\_\_

Preferred Mailing Address:    Home    Business    Other: \_\_\_\_\_

Any physical limitations? \_\_\_\_\_

Special skills (musical, foreign language, etc.): \_\_\_\_\_

# CHILDREN

Please list all children, including adult children.

## CHILD 1

Male  Female

First & Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Preferred Name \_\_\_\_\_

Hebrew Name (if known) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Bar/Bat Mitzvah Year \_\_\_\_\_

Name of School \_\_\_\_\_

Current Grade \_\_\_\_\_

**If applicable, please fill in the following information as it applies to your children 18 & over:**

Undergraduate School Name \_\_\_\_\_

Graduate School Name and Degree \_\_\_\_\_

\_\_\_\_\_

Occupation \_\_\_\_\_

Address (if not living with you):  College Address  Other

\_\_\_\_\_

\_\_\_\_\_

Email Address \_\_\_\_\_

Name of Spouse/Partner \_\_\_\_\_

## CHILD 3

Male  Female

First & Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Preferred Name \_\_\_\_\_

Hebrew Name (if known) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Bar/Bat Mitzvah Year \_\_\_\_\_

Name of School \_\_\_\_\_

Current Grade \_\_\_\_\_

**If applicable, please fill in the following information as it applies to your children 18 & over:**

Undergraduate School Name \_\_\_\_\_

Graduate School Name and Degree \_\_\_\_\_

\_\_\_\_\_

Occupation \_\_\_\_\_

Address (if not living with you):  College Address  Other

\_\_\_\_\_

\_\_\_\_\_

Email Address \_\_\_\_\_

Name of Spouse/Partner \_\_\_\_\_

## CHILD 2

Male  Female

First & Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Preferred Name \_\_\_\_\_

Hebrew Name (if known) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Bar/Bat Mitzvah Year \_\_\_\_\_

Name of School \_\_\_\_\_

Current Grade \_\_\_\_\_

**If applicable, please fill in the following information as it applies to your children 18 & over:**

Undergraduate School Name \_\_\_\_\_

Graduate School Name and Degree \_\_\_\_\_

\_\_\_\_\_

Occupation \_\_\_\_\_

Address (if not living with you):  College Address  Other

\_\_\_\_\_

\_\_\_\_\_

Email Address \_\_\_\_\_

Name of Spouse/Partner \_\_\_\_\_

## CHILD 4

Male  Female

First & Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Preferred Name \_\_\_\_\_

Hebrew Name (if known) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Bar/Bat Mitzvah Year \_\_\_\_\_

Name of School \_\_\_\_\_

Current Grade \_\_\_\_\_

**If applicable, please fill in the following information as it applies to your children 18 & over:**

Undergraduate School Name \_\_\_\_\_

Graduate School Name and Degree \_\_\_\_\_

\_\_\_\_\_

Occupation \_\_\_\_\_

Address (if not living with you):  College Address  Other

\_\_\_\_\_

\_\_\_\_\_

Email Address \_\_\_\_\_

Name of Spouse/Partner \_\_\_\_\_

## RELIGIOUS TRADITIONS

### ADULT 1

Jewish tradition in which you were raised (check one)  
 Reform  Orthodox  Conservative  
 Unaffiliated  Reconstructionist  
 Other \_\_\_\_\_

If not raised in Jewish tradition, are you...  
 Jewish by choice  
 Not Jewish (identified tradition):  
\_\_\_\_\_

Did you previously belong to another congregation?  
 No  
 Yes (name and location):  
\_\_\_\_\_  
If so, why did you leave?  
\_\_\_\_\_

### ADULT 2

Jewish tradition in which you were raised (check one)  
 Reform  Orthodox  Conservative  
 Unaffiliated  Reconstructionist  
 Other \_\_\_\_\_

If not raised in Jewish tradition, are you...  
 Jewish by choice  
 Not Jewish (identified tradition):  
\_\_\_\_\_

Did you previously belong to another congregation?  
 No  
 Yes (name and location):  
\_\_\_\_\_  
If so, why did you leave?  
\_\_\_\_\_

How did you hear about Temple Isaiah? (check all that apply)

Referred by: \_\_\_\_\_  Website  Live in Neighborhood  
 Other: \_\_\_\_\_

Reason for Joining (check all that apply)

Preschool  Religious School  Camp  Friends belong here  Adult Learning  Worship opportunities  
 Social Justice  Being a part of a Jewish community  Other \_\_\_\_\_

## YAHRTZEIT/MEMORIAL OBSERVANCE

Please share names of deceased loved ones to be acknowledged at services. If you want to observe the Hebrew date and do not know it, give the English date of death, and we will determine the Hebrew date.

Deceased's Name: \_\_\_\_\_

Related to  Adult 1 or  Adult 2 Relationship: \_\_\_\_\_

Date of Death: \_\_\_\_\_ I/we wish to observe  the English date  the Hebrew date

Deceased's Name: \_\_\_\_\_

Related to  Adult 1 or  Adult 2 Relationship: \_\_\_\_\_

Date of Death: \_\_\_\_\_ I/we wish to observe  the English date  the Hebrew date

Deceased's Name: \_\_\_\_\_

Related to  Adult 1 or  Adult 2 Relationship: \_\_\_\_\_

Date of Death: \_\_\_\_\_ I/we wish to observe  the English date  the Hebrew date

Deceased's Name: \_\_\_\_\_

Related to  Adult 1 or  Adult 2 Relationship: \_\_\_\_\_

Date of Death: \_\_\_\_\_ I/we wish to observe  the English date  the Hebrew date

Please contact me about Memorial Plaque purchase information.

# OPPORTUNITIES FOR INVOLVEMENT

Please check off any areas of interest that may enhance your membership experience.

## ADULT 1

### Education

- Preschool committees
- Religious School committee
- Adult Learning – Ongoing Classes, Intro to Judaism, Adult B’nai Mitzvah, Adult Retreat, Torah Study, etc.
- Israel
- Youth Groups (4th-12th grade)
- Summer Camp
  - Preschool
  - Elementary/Middle/High School

## ADULT 2

- Preschool committees
- Religious School committee
- Adult Learning – Ongoing Classes, Intro to Judaism, Adult B’nai Mitzvah, Adult Retreat, Torah Study, etc.
- Israel
- Youth Groups (4th-12th grade)
- Summer Camp
  - Preschool
  - Elementary/Middle/High School

### Social Justice

- Hunger (SOVA Food Pantry)
  - Homelessness (PATH, Beyond Shelter)
  - Environment (Green Team, Netiya, Community Supported Agriculture/CSA)
  - Community Organizing (Healthcare, Public Education, Immigration)
  - Global Citizenship (Jewish World Watch, American Jewish World Service)
  - Gun Legislation Advocacy Committee
- If you could effect change, what would you do?
- 

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- If you could effect change, what would you do?
- 

### Community

- Chavurot
- Isaiah Women (Sisterhood)
- Men’s Group
- Temple Isaiah Networking Group (TING)
- Music Programs (adult and youth choirs, synagogue band)
- Bereavement Support Group
- Men’s Softball Team
- Event Volunteer Opportunities (Shabbat Greeters, Holiday celebrations, Synagogue-wide events)

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### Committees

- Membership
- Development/Fundraising
- Facilities
- Security
- Budget/Finance
- Usher/Greeting
- Caring Community
- Social Justice

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