

# Congregation of Reform Judaism

## Membership Application - Please Print

<u>APPLICANT</u>		Title		Nickname	
Street Address			City, State, Zip		
Home Phone		Cell Phone		Email Address	
Work Phone		Birthdate (month/day/yr)		Hebrew Name	
				Date of Marriage	
Current Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/> Engaged <input type="checkbox"/> Partner					
Jewish Tradition <input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Non-Affiliated					
If not raised in Jewish tradition, are you:   (All single members must be Jewish) <input type="checkbox"/> A Jew by Choice (Convert) <input type="checkbox"/> Year of Conversion <input type="checkbox"/> Not Jewish _____ Denomination					
<u>CO -APPLICANT</u>		Title		Nickname	
Street Address			City, State, Zip		
Home Phone		Cell Phone		Email Address	
Work Phone		Birthdate (month/day/yr)		Hebrew Name	
				Date of Marriage	
Current Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/> Engaged <input type="checkbox"/> Partner					
Jewish Tradition <input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Non-Affiliated					
If not raised in Jewish tradition, are you: <input type="checkbox"/> A Jew by Choice (Convert) <input type="checkbox"/> Year of Conversion <input type="checkbox"/> Not Jewish _____ Denomination					
<b>Children</b>					
<u>CHILD'S NAME</u>		<input type="checkbox"/> Male <input type="checkbox"/> Female		Birthday	
Hebrew Name		Email Address		School	
				Grade	
<u>CHILD'S NAME</u>		<input type="checkbox"/> Male <input type="checkbox"/> Female		Birthday	
Hebrew Name		Email Address		School	
				Grade	
<u>CHILD'S NAME</u>		<input type="checkbox"/> Male <input type="checkbox"/> Female		Birthday	
Hebrew Name		Email Address		School	
				Grade	

Occupation			
<u>1<sup>st</sup> Adult Member Present Occupation</u>		If Retired, Previous Occupation	
Business Name		Business Email	
Business Address		Business City, State, Zip	
<u>2<sup>nd</sup> Adult Member Present Occupation</u>		If Retired, Previous Occupation	
Business Name		Business Email	
Business Address		Business City, State, Zip	
Yahrzeit Information (The <u>Secular Date</u> 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)			
<b>Adult Education</b> <input type="checkbox"/> 1 <sup>st</sup> Adult <input type="checkbox"/> 2 <sup>nd</sup> Adult	<b>Youth Education</b> <input type="checkbox"/> 1 <sup>st</sup> Adult <input type="checkbox"/> 2 <sup>nd</sup> Adult	<b>Pre-School</b> <input type="checkbox"/> 1 <sup>st</sup> Adult <input type="checkbox"/> 2 <sup>nd</sup> Adult	<b>Choir/Orchestra</b> <input type="checkbox"/> 1 <sup>st</sup> Adult <input type="checkbox"/> 2 <sup>nd</sup> Adult
<b>Sisterhood (WRJ)</b> <input type="checkbox"/> 1 <sup>st</sup> Adult <input type="checkbox"/> 2 <sup>nd</sup> Adult	<b>Brotherhood (MRJ)</b> <input type="checkbox"/> 1 <sup>st</sup> Adult <input type="checkbox"/> 2 <sup>nd</sup> Adult	<b>Seniors</b> <input type="checkbox"/> 1 <sup>st</sup> Adult <input type="checkbox"/> 2 <sup>nd</sup> Adult	<b>Social Action</b> <input type="checkbox"/> 1 <sup>st</sup> Adult <input type="checkbox"/> 2 <sup>nd</sup> Adult
<b>Minhag HaMakom (Ritual)</b> <input type="checkbox"/> 1 <sup>st</sup> Adult <input type="checkbox"/> 2 <sup>nd</sup> Adult	<b>Hospital Committee</b> <input type="checkbox"/> 1 <sup>st</sup> Adult <input type="checkbox"/> 2 <sup>nd</sup> Adult	<b>Fund-Raising</b> <input type="checkbox"/> 1 <sup>st</sup> Adult <input type="checkbox"/> 2 <sup>nd</sup> Adult	<b>Membership</b> <input type="checkbox"/> 1 <sup>st</sup> Adult <input type="checkbox"/> 2 <sup>nd</sup> Adult
<b>Programming</b> <input type="checkbox"/> 1 <sup>st</sup> Adult <input type="checkbox"/> 2 <sup>nd</sup> Adult	<b>Library</b> <input type="checkbox"/> 1 <sup>st</sup> Adult <input type="checkbox"/> 2 <sup>nd</sup> Adult	<b>Buildings/Grounds</b> <input type="checkbox"/> 1 <sup>st</sup> Adult <input type="checkbox"/> 2 <sup>nd</sup> Adult	<b>Torah Study</b> <input type="checkbox"/> 1 <sup>st</sup> Adult <input type="checkbox"/> 2 <sup>nd</sup> 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>			
1 <sup>st</sup> Adult Member Signature		2 <sup>nd</sup> Adult Member Signature	
Date		Date	