

# Congregation of Reform Judaism

## Membership Application

<b>APPLICANT</b>		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

<b>CO-APPLICANT</b>		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

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

## Occupation

<b>1<sup>st</sup> Adult Member Present Occupation</b>	<b>If Retired, Previous Occupation</b>
<b>Business Name</b>	<b>Business Email</b>
<b>Business Address</b>	<b>Business City, State, Zip</b>
<b>2<sup>nd</sup> Adult Member Present Occupation</b>	<b>If Retired, Previous Occupation</b>
<b>Business Name</b>	<b>Business Email</b>
<b>Business Address</b>	<b>Business City, State, Zip</b>

## Yahrzeit Information (The *Secular Date* will be used rather than Hebrew date unless requested.)

<b>Name</b>	<b>Relationship</b>	<b>Observed by</b>	<b>Date of Death</b>
<b>Name</b>	<b>Relationship</b>	<b>Observed by</b>	<b>Date of Death</b>
<b>Name</b>	<b>Relationship</b>	<b>Observed by</b>	<b>Date of Death</b>

## 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

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## Activity & Photo Release

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.

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.

<b>1<sup>st</sup> Adult Member Signature</b>	<b>2<sup>nd</sup> Adult Member Signature</b>
<b>Date</b>	<b>Date</b>