

The Emanuel Synagogue

160 Mohegan Drive, West Hartford, CT 06117, 860-236-1275, www.emanuelsynagogue.org

Application for Membership

When you join our synagogue, we want you to be able to quickly take advantage of The Emanuel programs and services that appeal to you. Knowing about you will help us inform you of these activities.

Date _____

Adult #1

Adult #2

Your name	Spouse/Partner's name
Circle one: Mr. /Mrs. /Miss /Ms. /Dr.	Circle one: Mr. /Mrs. /Miss /Ms /Dr.
Date of Birth	Date of Birth
Circle one: Married /Single /Partner/Divorced /Widow (er)	Circle one: Married /Single /Partner/Divorced /Widow (er)
If married, your anniversary date and year	
Hebrew Names Yours Your Mother's Your Father's	Hebrew Names Yours Your Mother's Your Father's
Circle one: Kohen /Levi /Yisrael /not sure	Circle one: Kohen /Levi /Yisrael /not sure

Home Address: Street & Number _____

City _____ State _____ Zip _____

Phone _____ Email _____ Fax _____

Spouse/Partner Phone _____ Email _____ Fax _____

Children living at home/college students

Name	Hebrew Name (Hebrew or transliteration)	M or F	Birthdate

Married/independent children

Name	Hebrew Name (Hebrew or transliteration)	M or F	Birthdate

We often send emails and holiday packages to college students, so please include their address and email address.

Name	Address	Email address

Will your children be attending our religious school? _____yes _____no

If not, where do/will they receive their religious education

Is it correct to assume that both adults are Jewish? _____yes _____no

If not, please indicate which *is* Jewish _____

Please list your relatives who belong to The Emanuel

Adult #1

Adult #2

Occupation	Occupation
Business Name	Business Name
Business Phone	Business Phone
Business Address City/State/Zip	Business Address City/State/Zip

Would you like to receive synagogue mailings by (circle preferences) email regular mail both

Prior Synagogue Affiliations (name of congregation, city, state)

Yahrzeit: We will notify you every year of the dates that significant relatives of yours have died. Please list such relatives here. If you do not know the Hebrew date, we can figure it out for you.

Name	Hebrew Name	Relation	English date of death	Time of death	Hebrew date

Do you currently own cemetery plots? ____yes ____no If yes, where? _____

DO you wish to discuss purchasing plots in our cemetery at this time? ____ yes ____ no

The more you are involved in synagogue life, the more you will benefit from your Emanuel membership. Therefore we urge you to explore some of these activities. Please circle all that interest you so that we may contact you with appropriate information.

- Adult #1 (name)
- Adult Education Religious School Choir Library
 - Sisterhood Brotherhood Minyonaires Caring
 - Rosh Hodesh Social Justice Havurah Music
 - Fundraising Biblical Garden Softball Golf
 - Adult B'nai Mitzvah Chevra Kadisha Cemetery Budget
 - Families with Young Children
 - Is there a group you would like to start? _____

- Adult #2 (name)
- Adult Education Religious School Choir Library
 - Sisterhood Brotherhood Minyonaires Caring
 - Rosh Hodesh Social Justice Havurah Music
 - Fundraising Biblical Garden Softball Golf
 - Adult B'nai Mitzvah Chevra Kadisha Cemetery Budget
 - Families with Young Children
 - Is there a group you would like to start? _____

Do you have a talent/skill that you would like to share with the synagogue community? Please circle the skills that you can volunteer:

- Adult #1 (name)
- Teaching Marketing/PR Writing Ushering
 - Website Skills Desktop Publishing Photography Finance
 - Leading Services Chanting Torah *Haftarah* *Megilot*
 - Graphic Design Leadership Other

- Adult #2 (name)
- Teaching Marketing/PR Writing Ushering
 - Website Skills Desktop Publishing Photography Finance
 - Leading Services Chanting Torah *Haftarah* *Megilot*
 - Graphic Design Leadership Other

Explain _____

Why did you choose to join The Emanuel? _____

How did you hear about The Emanuel? _____

What are your expectations of synagogue affiliation? _____

Is there anything else that you want us to know that would help you feel comfortable at The Emanuel? _____

I/we hereby apply for membership in The Emanuel synagogue and agree to abide by its Constitution, By-Laws, and any resolutions passed at any authorized congregation and/or Board of Trustees meeting. Our fiscal year runs from June 1 through May 31 of each year.

Signature _____ Signature of spouse or partner _____

- - - - - For Office Use Only - - - - -

Membership code _____

Membership # _____

Dues _____

F/P _____

BF _____

Yrs _____ Beg. _____