

Etz Chayim Membership Application

General Information

Please provide the requested information for each adult individual in the household.

Individual A

Individual B

Name _____

Street Address _____
City, State, Zip _____

Home Phone _____

Work Phone _____

Email _____

Date of Birth _____

Marital Status _____

Anniversary Date _____

Occupation _____

Jewish (Yes / No) _____

Hebrew name (Please write clearly in English or Hebrew)

Mother's Hebrew name _____

Father's Hebrew name _____

I can read Torah (Yes/No/Want to learn) _____

I can read haftarah (Yes/No/Want to learn) _____

I can lead services (Yes/No/Want to learn) _____

You may call me to help make a minyan (prayer quorum) in someone's home when they are sitting shiva (Yes/No) _____

Please provide the requested information for your children. Add additional page if necessary.

Name	Hebrew Name	Date of Birth
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

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So that we may remind congregants of the Yahrtzeits (anniversaries of the death) of your loved ones, please indicate the names of those whose memory you wish to recall.

English Name	Hebrew Name	Relationship	Date of Death
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

We are a community which welcomes involvement. Please indicate the areas in which you are interested in becoming involved:

Ind	A	B		Ind	A	B	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Leadership/Board Member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Events/Programming
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Religious School Teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hebrew Teacher
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Education Committee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Budget and Finance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Religious Committee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Membership Committee
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SHOFAR (Newsletter) Committee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Building and Maintenance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Funeral Committee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fund Raising
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____				

Dues Family \$800.00 per year *(Special rates by request)*
 Single \$400.00 per year
 Religious School fees additional

Payment Options

Please select one of the following payment plans:

- Annually
 Semi-Annually January 1 and July 1
 Quarterly January 1; April 1; July 1 and October 1
Or _____

Other comments:

Signed: _____

Date: _____