

congregation **torat emet** main street **synagogue**

Membership Application

Date: _____

A. Adult Information

<u>Title</u>	<u>First Name</u>	<u>Middle Name</u>	<u>Last Name</u>
Adult 1	_____	_____	_____
Adult 2	_____	_____	_____

Marital Status (circle one) S M D W Anniversary (mmddy): _____

Are you (and your spouse) Jewish by birth? _____

If no, please explain: _____

Home Address:

Street: _____ Apt.: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Fax: _____

Family E-mail: _____

	<u>Adult # 1</u>	<u>Adult # 2</u>
Company Name:	_____	_____

Street: _____

Suite/Fl.: _____

City, St., Zip: _____

Phone: _____

Fax: _____

E-mail: _____



A. Adult Information (Cont.)

	<u>Adult #1</u>	<u>Adult #2</u>
Cell #:	_____	_____
Pager:	_____	_____
Preferred Billing Location (Home or Office):	_____	
Preferred Calling Location:	_____	_____
Birthday (mmddyy):	_____	_____
Hebrew Name:	_____	_____
Father's Heb. Name:	_____	_____
Mother's Heb. Name:	_____	_____

B. Child Information:

Please complete the following information for all of your children, college age and younger.

	<u>First Name</u>	<u>Last Name</u>	<u>Sex</u>	<u>Hebrew Name</u>	<u>Birthday(mmddyy)</u>
Child 1	_____	_____	_____	_____	_____
Child 2	_____	_____	_____	_____	_____
Child 3	_____	_____	_____	_____	_____
Child 4	_____	_____	_____	_____	_____
Child 5	_____	_____	_____	_____	_____
Child 6	_____	_____	_____	_____	_____

	<u>Bar/Bat Mitzvah Date</u>	<u>School name</u>	<u>Grade</u>	<u>Supp./Religious School Name</u>
Child 1	_____	_____	_____	_____
Child 2	_____	_____	_____	_____
Child 3	_____	_____	_____	_____
Child 4	_____	_____	_____	_____
Child 5	_____	_____	_____	_____
Child 6	_____	_____	_____	_____

If you have more than 6 children please list information on back page of application.

C. Yahrtzeit Information Please list all you wish for notification.

	<u>Full Name</u>	<u>Hebrew Name</u>	<u>Relationship</u>	<u>Date of Death</u>	<u>Day/Even.</u> (mmddy)
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

If you have additional yahrtzeits, please list them on the back page of the application.

D. Committee Opportunities/Program Interests Please check all that apply.

	<u>Adult 1</u>	<u>Adult 2</u>	<u>Children</u>	<u>Teens</u>
Youth Activities	_____	_____	_____	_____
Adult Education Committee	_____	_____	_____	_____
Adult Education Programs	_____	_____	_____	_____
Membership/Outreach	_____	_____	_____	_____
Chessed Committee	_____	_____	_____	_____
Kiddush Committee	_____	_____	_____	_____
Special Events	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____

E. Membership Commitment

- * Enhanced Membership (\$2,160) * Regular Membership (\$1,200)
- * Associate Membership (\$600) * Single Membership (\$600)

At what synagogue do you hold primary membership? _____

At what other synagogues do you hold associate memberships? _____

- * Adjusted Membership Requested (You will be contacted to discuss a level of support.)

* Additional Contribution _____

- * You will be notified of your membership after your application has been received and processed by committee.



**CONGREGATION TORAT EMET
MAIN STREET SYNAGOGUE**

2375 E. Main Street
Bexley, Ohio 43209
t 614-238-6778
f 614-238-9224
e office@torat-emet.org