



Membership Incentive Program 2021-2022

DATE: _____

MEMBERSHIP TYPE

☐ Family/Couple

☐ Individual

APPLICANT

Name(s) of Applicant(s): _____

Name of Children (if applicable): _____

Contact Email: _____

Phone Number: _____

1 How did you hear about the Machzikei Hadas Membership Incentive program?

2 We are so excited to have you as part of our community! Have you attended Machzikei Hadas services or programs in the past? If so, can you describe your connection to the synagogue?

3 This program is for new members to Machzikei Hadas (not a member for the past two years). Have you been a member of a synagogue in the past? If so, which synagogue and when?

4 **Member satisfaction and community connection is so important to us. What do you hope to get from your membership at Machzikei Hadas? What types of programs or experiences are you looking for?**

Please continue to the Membership Application Form.

Thank you for applying to the Machzikei Membership Incentive Program 2021-2022!

To submit your responses, send the form and your application using one of the following methods:

Email to

stacy@cmhottawa.com

OR

Mail to

Stacy Goldstein

Congregation Machzikei Hadas

2310 Virginia Drive Ottawa ON K1H6S2