



**Membership
Form 2020-2021**

If you are new to T&V – welcome! Please complete this form so we may communicate with you, as necessary, throughout the year. **All information is kept confidential** (Please print clearly).

Name(s) and format for mailings/listings _____

Home address _____ Apt. _____

City _____ State _____ Zip _____

Home phone () _____

What brought you to Town & Village Synagogue?

- Word of Mouth Ad/Web/Media Neighborhood Location Friends, Who? _____
 Hebrew School High Holidays Programs (Youth, holiday, etc.) Other _____

Adult #1	Adult #2
Name:	Name:
Preferred Pronoun:	Preferred Pronoun:
Preferred Title:	Preferred Title:
Date of Birth: / /	Date of Birth: / /
Cell phone #:	Cell phone #:
E-mail:	E-mail:
Preferred Daytime #:	Preferred Daytime #:
Hebrew Name*:	Hebrew Name*:
Father's Hebrew Name*:	Father's Hebrew Name*:
[] Kohen/Bat Kohen [] Levi/ Bat Levi	[] Kohen/Bat Kohen [] Levi/Bat Levi
Mother's Hebrew Name*:	Mother's Hebrew Name*:
Occupation	Occupation
Title:	Title:
Business Name:	Business Name:
Business Address:	Business Address:
City, State, Zip:	City, State, Zip:

**If you're not sure of the Hebrew names, just leave it blank and we'll get in touch to help.*

You will be included in the Membership Directory (only available to members) Opt out <input type="checkbox"/> Your friends will miss you!	You will be included in the Membership Directory (only available to members) Opt out <input type="checkbox"/> We'll miss you, too!
Personal Status: <input type="checkbox"/> Single <input type="checkbox"/> Married (Date) ____/____/____ <input type="checkbox"/> Partnered <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other	
Religious Background: <input type="checkbox"/> Conservative <input type="checkbox"/> Reform <input type="checkbox"/> Orthodox <input type="checkbox"/> Unaffiliated Other _____	Religious Background: <input type="checkbox"/> Conservative <input type="checkbox"/> Reform <input type="checkbox"/> Orthodox <input type="checkbox"/> Unaffiliated Other _____
Most recent Congregational Affiliation:	Most recent Congregational Affiliation:

Family (Please give us information on children up to 25 years old living with you)	
Child #1	Child # 2
Name:	Name:
Preferred Pronoun:	Preferred Pronoun:
Hebrew Name:	Hebrew Name:
Date of Birth:	Date of Birth:
School/occupation:	School/Occupation:
Spouse/partner name (if applicable):	Spouse/partner name (if applicable):
Email Address:	Email Address:
Cell Phone:	Cell Phone:

Child #3:	Child #4:
Name:	Name:
Preferred Pronoun:	Preferred Pronoun:
Hebrew Name:	Hebrew Name:
Date of Birth:	Date of Birth:
School/occupation:	School/Occupation:
Spouse/partner name (if applicable):	Spouse/partner name (if applicable):
Email Address:	Email Address:
Cell Phone:	Cell Phone:
<i>Please add any additional children separately.</i>	

Emergency Contact: (w/relation & cell phone no.)	Emergency Contact: (w/relation & cell phone no.)
Alternate Emergency Contact: (w/relation & cell phone no.)	Alternate Emergency Contact: (w/relation & cell phone no.)

Yahrzeit Information

If you or other family members would like to be reminded of the anniversary of the death of a loved one, please complete this section. (We can calculate the Hebrew Date for you from the common date, if you do not know it.)

Name of Deceased/ Date* & Year of Death (Hebrew or English)	Related to whom?	Relationship	Email Contact

Please add any additional names separately. *If providing the English Date, please note if death occurred after dark for the proper Hebrew date.

Interests and Activities: We heartily welcome your active participation in T&V. To help us best meet your needs, let us know which of the areas below are of interest to you.

	Adult #1	Adult #2
Torah (Learning):		
Adult Education: Participate in Jewish study		
Hebrew School Parents Organization: Help with school activities		
Chesed (Helping Others):		
Bikkur Cholim: Visit the sick and homebound		
Social Action: Work on special projects to meet community needs		
Avodah (Prayer - Ritual):		
Deepening Your Davening – gain facility and understanding of the prayer service		
Minyan: Help to make the morning minyan for those saying kaddish		
Holiday Preparation – spiritual and practical		
Spiritual Life: Work with the Rabbi to enhance our Jewish journey		
Torah Reading – indicate “reading” or “learning” to read		
Haftarah Reading – indicate “reading” or “learning” to read		
Kehilla (Community):		
Arts		
Building and facilities improvement		
Choir		
College Youth		
Communications/Public Relations		
Green Committee		
Greeting People at Services – meet everybody!		
Hospitality		
Israel Action		
Membership		
Senior Programming		
Special Events		
Teen Programming		
Young Adult Events		
Other:		
<p>Bio: Please include a short bio here for our High Holiday New Member Booklet. <i>Feel free to add an extra page if necessary. Send a photo with your name to office@tandv.org, with NEW MEMBER INFO in the subject line.</i></p>		

Skills and Capabilities: Please indicate areas of expertise that you would be willing to share with the congregation to help us strengthen and sustain our community.

	Adult #1	Adult #2
Leading Services:	Willing To:	Willing To:
Davening or leading services		
Giving a Dvar Torah/teaching		
Reading Torah or Haftarah		
Artistic:		
Drama or Acting		
Music/Vocal		
Visual/Multi-media		
Teaching/Education:		
Hebrew Language		
School Administration		
Teaching		
Management and Administration:		
Computers, networking and technology		
Financial and Accounting		
Human Resources		
Management		
Communications:		
Advertising		
Graphic Design		
Marketing		
Social Media Development		
Website Development		
Writing and editing		
Event Planning:		
Catering		
Fundraising		
Organizing		
Venue, Vendor and Entertainment Management		
Other:		

For Office Use Only

Date Received _____ Entered into Database _____ Check # _____ C/C _____ Amount\$ _____