



PASADENA JEWISH TEMPLE AND CENTER

Membership Application

A warm and inclusive home for the Jewish community of the San Gabriel Valley

DATE _____

MEMBER

Personal Information

Name _____
Address _____
City _____ State _____ Zip _____
Preferred Phone _____ [H] [C]
Secondary Phone _____ [H] [C]
Date of Birth ____/____/____
Email Address _____
Marital Status _____
Anniversary Date _____

Employment Information

(If retired, please note retirement, and share prior career if applicable)

Occupation _____
Employer _____
Phone Number (____) ____ - ____ Ext ____
Email _____

Hobbies/Interests/Special Talents or Skills

(Cooking, music, books, mahjong, camping, volunteering at a soup kitchen, etc.)

Religious Information

Religious background in which you were raised:
[] Reform [] Conservative [] Reconstructionist
[] Orthodox [] Renewal [] Other

Hebrew Name _____
Are you a: [] Kohen or [] Levi [] N/A
Were you
[] Bar/Bat Mitzvah (Date ____/____/____)
[] Confirmed (Date ____/____/____)
Can you [] Chant Haftorah [] Chant Torah
[] Teach Religious School [] Teach Adult Jewish Studies

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Emergency Contact Information

Please list someone outside of your immediate household - a close friend, a neighbor, or a relative or adult child who is likely to know where you are?

Name: _____ Relationship to you: _____

Phone Number: _____ Email Address: _____



Family

Dependents Residing in Your Home

English Name	Hebrew Name	Relationship	Date of Birth
_____	_____	_____	___/___/___
_____	_____	_____	___/___/___
_____	_____	_____	___/___/___
_____	_____	_____	___/___/___

Relatives

Please list any PJTC members to whom you are related.

Name	Relationship
_____	_____
_____	_____

Yahrzeits

Please fill out the following for ALL yahrzeits which you observe.

English Name	Hebrew Name	Relationship	English Date of Passing
_____	_____	_____	___/___/___
_____	_____	_____	___/___/___
_____	_____	_____	___/___/___
_____	_____	_____	___/___/___
_____	_____	_____	___/___/___

Congregational Affiliations

Please list ALL congregations with which any member of your household has been affiliated.

Name of Congregation	City	State	Years Affiliated	Reason for Leaving
_____	_____	_____	-	_____
_____	_____	_____	-	_____

Activities

Are you or a member of your family interested in participating in any of the following committees or activities? Please check all that apply.

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Adult Education/Events | <input type="checkbox"/> Torah/Text Study | <input type="checkbox"/> Family Events | <input type="checkbox"/> Synagogue Leadership Training |
| <input type="checkbox"/> Social Justice Committee | <input type="checkbox"/> Hiking | <input type="checkbox"/> Sports/Athletics | <input type="checkbox"/> Membership Committee |
| <input type="checkbox"/> Sisterhood | <input type="checkbox"/> Meditation | <input type="checkbox"/> Religious School | |
| <input type="checkbox"/> Men's Club | <input type="checkbox"/> Israel Affairs | <input type="checkbox"/> Tot Shabbat (ages 0-8) | |
| <input type="checkbox"/> Spiritual Care/Outreach | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Youth Group Activities (grades 3-12) | |
| <input type="checkbox"/> Religious Affairs Committee | | <input type="checkbox"/> Young Professionals (20s & 30s group) | |
| <input type="checkbox"/> Senior Programming | | | |
| <input type="checkbox"/> Office Volunteer | | | |

I can/would like to assist PJTC in the following ways: _____

How did you hear about PJTC: _____