



Congregation Ohr Tzafon

Welcoming, Caring, Inspiring Reform Synagogue on the Central Coast

Application date _____

Welcome to COT! We are delighted you have chosen to become part of our community. We hope that you will find membership an enriching experience and encourage you to explore the diverse opportunities for Jewish expression that COT offers. Please call upon our rabbi and lay leaders whenever we can assist you in becoming part of our family. All information in this application will be treated confidentially. Please call our Membership Chairperson at 805-466-0329 if you have any questions at all or need assistance in filling out this application.

Personal Information

	ADULT APPLICANT 1 <input type="checkbox"/> Male <input type="checkbox"/> Female	ADULT APPLICANT 2 <input type="checkbox"/> Male <input type="checkbox"/> Female
Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other _____	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other _____
Full Name		
By what first name do you wish to be addressed (if different from above)?		
Personal Status	<input type="checkbox"/> Single <input type="checkbox"/> Married _____ (date) <input type="checkbox"/> Other _____	<input type="checkbox"/> Partnered <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Hebrew Name (if known)		
Date of Birth		
Birthplace		
Former city and state of residence		

Contact Information

How would you like your name(s) to appear on Temple mailings? We will do our best to accommodate your request within system capabilities.

Name(s): _____

Home address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Cell Phone 1: _____

Cell Phone 2: _____

Email 1: _____

Email 2: _____

I would like to receive temple communications via email.

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Religious Background

	Adult Applicant 1	Adult Applicant 2
Religious background in which you were raised	<input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Other _____ <input type="checkbox"/> Jewish unaffiliated	<input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Other _____ <input type="checkbox"/> Jewish unaffiliated
If you became Jewish as an adult: Date, Congregation, City		
Bar/Bat Mitzvah (if applicable) Date, Congregation, City		
Congregation most recently or currently affiliated with		
Please list any relatives who are members		
Have you ever been a member of another synagogue? If so, when?		

Business Information

	Adult Applicant 1	Adult Applicant 2
Occupation/Title		
Area of specialization		
Employer		
Address		
City, State, Zip		
Business Phone		
Business Fax		
Business Email		

Yahrzeit Information

Name	Date of death Before/After sundown	Family Relationship

Please attach a separate sheet for additional names.

I would like information about memorial plaques.

Children's Information

	Child 1 <input type="checkbox"/> Male <input type="checkbox"/> Female	Child 2 <input type="checkbox"/> Male <input type="checkbox"/> Female	Child 3 <input type="checkbox"/> Male <input type="checkbox"/> Female	Child 4 <input type="checkbox"/> Male <input type="checkbox"/> Female
First and middle name				
Last name (if different)				
Hebrew name (if known)				
Birth date (and grade if applicable)				
Address (if not living with you)				
Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partnered	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partnered	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partnered	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partnered
Is this child being raised in the Jewish faith?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will this child be attending Religious School at COT ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bar/Bat Mitzvah: Date, Congregation, City				
If previously attended Religious School, list Congregation and City				

If you have more than four children, please attach an additional page.

Emergency Contact Information

Adult 1 Name: _____

Phone: _____ Relationship: _____

Address: _____ City: _____ State: _____

Dr. Name & Phone: _____

Health Care Proxy: _____

Adult 2 Name: _____

Phone: _____ Relationship: _____

Address: _____ City: _____ State: _____

Dr. Name & Phone: _____

Health Care Proxy: _____

Opportunity for Participation

At COT, we believe that joining a congregation is a spiritual and emotional commitment. We encourage all congregants to become involved in all aspects of life in our congregational community. In furthering this ideal, we request that upon signing this application you commit to participate in congregational life. Please indicate which of these areas interest you by checking the appropriate box or boxes. Your participation will help strengthen the community and will make your temple experience more meaningful. A congregation member will contact you with more information.

- | | | |
|---|---|--|
| <input type="checkbox"/> Adult Learning maintenance | <input type="checkbox"/> Holiday Celebrations and/or decoration | <input type="checkbox"/> Website design or |
| <input type="checkbox"/> Budget and Finance | <input type="checkbox"/> Assisting with office work | <input type="checkbox"/> Youth Activities |
| <input type="checkbox"/> Social Action & Mitzvah Projects | <input type="checkbox"/> Religious School Activities & projects | <input type="checkbox"/> Library |
| <input type="checkbox"/> Communications & Publicity | <input type="checkbox"/> Visiting the Sick and Bereaved | <input type="checkbox"/> Bulletin Writing, Editing |
| <input type="checkbox"/> Building Maintenance & Repair | <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Leading worship services |
| <input type="checkbox"/> Teaching Religious School | <input type="checkbox"/> Being a Board member | |

Talent and Interest Survey

- | | | | | | | |
|--------------------------------------|---------------------------------|-----------------------------------|------------------------------------|-------------------------------------|---|--|
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Music | <input type="checkbox"/> Painting | <input type="checkbox"/> Gardening | <input type="checkbox"/> Electrical | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Israeli Dancing |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Baking | <input type="checkbox"/> Driving | <input type="checkbox"/> Carpentry | <input type="checkbox"/> Sewing | <input type="checkbox"/> Art | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Other _____ | | | | | | |

What are your passions? What are your interests?

Congregation Ohr Tzafon Statement of Philosophy

Congregation Ohr Tzafon is a congregation rooted in a rich Jewish tradition. We invite all to join us in celebration, worship, and pursuing justice and righteousness through our acts of loving kindness and social action. We are a community based on inclusiveness, with open doors to people of all ages and sexual orientations. We welcome varied kinds of families, including those who are intermarried, those who have chosen Judaism, and to all individuals and families who strive to create a Jewish home.

We value love, justice, compassion, learning, peace, faith, diversity, social action and responsibility and let those values guide our communal decisions. We seek dialogue and joint action with people of other faiths in the hope that together we can bring peace, freedom and justice to our world.

Applicant 1: I, _____, am applying to become a member of
Congregation Ohr Tzafon.

Signature _____ Date _____

Applicant 2: I, _____, am applying to become a member of
Congregation Ohr Tzafon.

Signature _____ Date _____