



Congregation Ohr Tzafon

A welcoming, caring, and 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
Full Name	<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 _____
By what first name to you wish to be addressed (if different from above)?		
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 _____	<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 _____
Date of Birth		

Contact Information

Name Adult 1 (if different than above) : _____

Name Adult 2 (if different than above): _____

Home address: _____

Mailing address (if different): _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Cell Phone Adult 1: _____ Cell Phone Adult 2: _____

**Email 1: _____ Email 2: _____

****Email required to receive yahrtzeit notifications and other synagogue communications**

Religious Background

	Adult Applicant 1	Adult Applicant 2
Religious background in which you were raised:	Jewish _____ Other _____	Jewish _____ Other _____
Are you a Jew by Choice? Date, rabbi, city of your conversion		
Congregation most recently affiliated with:		
Hebrew Name if known: <i>i.e. Leah bat Yitzhak v' Shoshannah</i> <i>ie. David ben Shlomo v'Sarah</i>		

Business Information

	Adult Applicant 1	Adult Applicant 2
Occupation/Title		
Employer		
Address		
City, State, Zip		
Business Phone		

Yahrzeit Information

Name	English date of death*	Family Relationship

Please attach a separate sheet for additional names.

*If you observe Hebrew dates for yahrzeits, please let us know.

I would like information about memorial plaques.

Children's Information

Children under 21 and living at home	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- see above)				
Birth date (and grade if applicable)				
Address (if not living with you)				
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
If previously attended religious school, list congregation and city				

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

Emergency Contact Information

Emergency Contact 1: _____

Phone: _____ Relationship: _____

Address: _____ City: _____ State: _____

Emergency Contact 2: _____

Phone: _____ Relationship: _____

Address: _____ City: _____ State: _____

Opportunity for Participation

There are many opportunities for participation. Please indicate which of these areas interest you by checking the appropriate box or boxes.

- | | | |
|---|---|--|
| <input type="checkbox"/> Adult Learning | <input type="checkbox"/> Holiday Celebrations and/or decoration | |
| <input type="checkbox"/> Website design or maintenance | | |
| <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 | |
| <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 _____