



# Application for Membership

160 Mohegan Drive, West Hartford, CT 06117

860-236-1275 - [www.emanuelsynagogue.org](http://www.emanuelsynagogue.org)

Today's Date \_\_\_\_\_

*So we may best assist you to get the most out of your membership, please complete all application pages*

**Adult #1**

**Adult #2**

<b>Your name:</b>	<b>Spouse/Partner's name:</b>
<b>Circle one:</b> Mr. /Mrs. /Miss /Ms. /Dr	<b>Circle one:</b> Mr. /Mrs. /Miss /Ms /Dr.
<b>Date of Birth:</b>	<b>Date of Birth:</b>
<b>Circle one:</b> Married /Single /Partner/Divorced /Widow (er)	<b>Circle one:</b> Married /Single /Partner/Divorced /Widow (er)
<b>Home Address:</b>	
Street & Number _____	
City _____ State _____ Zip _____	
Home phone# _____	
<b>If married, list your anniversary date and year:</b> _____	
If both Adults are not Jewish, please indicate name of Jewish adult member: _____	
<b>Primary Email:</b>	<b>Primary Email:</b>
<b>Cell Phone:</b>	<b>Cell Phone:</b>
<b>Occupation:</b>	<b>Occupation:</b>
<ul style="list-style-type: none"> <li>• Business Name: <ul style="list-style-type: none"> <li>○ Address:</li> <li>○ Phone:</li> <li>○ Email:</li> <li>○ Website:</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Business Name: <ul style="list-style-type: none"> <li>○ Address:</li> <li>○ Phone:</li> <li>○ Email:</li> <li>○ Website:</li> </ul> </li> </ul>
<b>Hebrew Names</b>	<b>Hebrew Names</b>
<ul style="list-style-type: none"> <li>○ Yours:</li> <li>○ Your Mother's:</li> <li>○ Your Father's:</li> </ul>	<ul style="list-style-type: none"> <li>○ Yours:</li> <li>○ Your Mother's:</li> <li>○ Your Father's:</li> </ul>
<b>Circle one:</b> Kohen / Levi / Yisrael / not sure	<b>Circle one:</b> Kohen / Levi / Yisrael / not sure
<b>Please list below any accommodations needed for anyone in your family to make full use of the Emanuel:</b>	

**Children living at home/\*College students not living at home:**

*\*We often send emails/holiday packages to college students, so please specify their school mailing and email below*

Name	Hebrew Name (or transliteration)	M or F	Birthdate	College Students School Address	College Student's Email

Will any of your children listed above be attending our religious school? \_\_\_\_\_yes \_\_\_\_\_no

○ If no, where do/will they receive their religious education: \_\_\_\_\_

**• Married/Independent children**

Name	Hebrew Name (Hebrew or transliteration)	M or F	Birthdate

• Please list any of your relatives who currently belong to The Emanuel:

\_\_\_\_\_

\_\_\_\_\_

• Indicate your preference for synagogue communication: (circle) **email**    **regular mail**    **both**  
*(if applicable, please specify any opt out communication preference \_\_\_\_\_)*

• Prior Synagogue Affiliations (list name of congregation, city, state)

\_\_\_\_\_

\_\_\_\_\_

**Yahrzeit:** For your convenience, we send members annual notification of upcoming anniversary dates of remembrance for your significant relatives. Please list those relatives with dates below; if you do not know the Hebrew date, we can figure it out for you.

Name	Hebrew Name	Relation	English date of death	Time of death	Hebrew date

• Do you currently own cemetery plots? \_\_\_\_\_yes \_\_\_\_\_no If yes, where? \_\_\_\_\_

• Do you wish to discuss purchasing plots in our cemetery at this time? \_\_\_\_\_ yes \_\_\_\_\_ no

**Activities: Please check all activities of interest below so we may provide you with the appropriate information.**

Adult #1(name):	Adult #2(name):
<input type="checkbox"/> Adult Ed <input type="checkbox"/> Sisterhood <input type="checkbox"/> Brotherhood <input type="checkbox"/> Choir <input type="checkbox"/> Library <input type="checkbox"/> Adult B'nai Mitzvah <input type="checkbox"/> Minyonaires <input type="checkbox"/> Religious School <input type="checkbox"/> Havurah <input type="checkbox"/> Caring <input type="checkbox"/> Social Justice <input type="checkbox"/> Biblical Garden <input type="checkbox"/> Fundraising <input type="checkbox"/> Music <input type="checkbox"/> Softball <input type="checkbox"/> Golf <input type="checkbox"/> Budget <input type="checkbox"/> Chevra Kadisha <input type="checkbox"/> Cemetery <input type="checkbox"/> Families w/Young Children <input type="checkbox"/> Is there a group you would like to start? _____	<input type="checkbox"/> Adult Ed <input type="checkbox"/> Sisterhood <input type="checkbox"/> Brotherhood <input type="checkbox"/> Choir <input type="checkbox"/> Library <input type="checkbox"/> Adult B'nai Mitzvah <input type="checkbox"/> Minyonaires <input type="checkbox"/> Religious School <input type="checkbox"/> Havurah <input type="checkbox"/> Caring <input type="checkbox"/> Social Justice <input type="checkbox"/> Biblical Garden <input type="checkbox"/> Fundraising <input type="checkbox"/> Music <input type="checkbox"/> Softball <input type="checkbox"/> Golf <input type="checkbox"/> Budget <input type="checkbox"/> Chevra Kadisha <input type="checkbox"/> Cemeter <input type="checkbox"/> Families w/Young Children <input type="checkbox"/> Is there a group you would like to start? _____

**Talent/Skill: Have a talent/skill that you would like to share with the synagogue community? Please check those that apply:**

Adult #1(name):	Adult #2(name):
<input type="checkbox"/> Teaching <input type="checkbox"/> Marketing/PR <input type="checkbox"/> Writing <input type="checkbox"/> Website <input type="checkbox"/> Graphic Design <input type="checkbox"/> Photography <input type="checkbox"/> Finance <input type="checkbox"/> Ushering <input type="checkbox"/> Leading Services <input type="checkbox"/> Chanting Torah <input type="checkbox"/> <i>Haftarah</i> <input type="checkbox"/> <i>Megilot</i> <input type="checkbox"/> Leadership <input type="checkbox"/> Other Details: _____	<input type="checkbox"/> Teaching <input type="checkbox"/> Marketing/PR <input type="checkbox"/> Writing <input type="checkbox"/> Website <input type="checkbox"/> Graphic Design <input type="checkbox"/> Photography <input type="checkbox"/> Finance <input type="checkbox"/> Ushering <input type="checkbox"/> Leading Services <input type="checkbox"/> Chanting Torah <input type="checkbox"/> <i>Haftarah</i> <input type="checkbox"/> <i>Megilot</i> <input type="checkbox"/> Leadership <input type="checkbox"/> Other Details: _____

- Why did you choose to join The Emanuel? \_\_\_\_\_
- What are your expectations of synagogue affiliation? \_\_\_\_\_
- Additional information you wish to share? \_\_\_\_\_

-----Below To be completed & signed for all NEW members-----

**Enrollment information:**

- **Membership category :** \_\_\_\_\_ **Family ID:** \_\_\_\_\_ ( completed by office)
  - **Dues Amount:** Year 1 \$ \_\_\_\_\_ Year 2 \$ \_\_\_\_\_ Year 3 \$ \_\_\_\_\_ Year 4 \$ \_\_\_\_\_
  - **Annual Capital Improvement:** \$ \_\_\_\_\_
  - **Building Fund: Total to be paid to Emanuel:** \$ \_\_\_\_\_  
 ▪ \$ Amount / year \$ \_\_\_\_\_, for \_\_\_\_\_ (# years) **Date of first payment:** \_\_\_\_\_
- √ If applicable, Name of Previous Synagogue: \_\_\_\_\_ ; \$ paid to prev. synagogue's building fund:\$ \_\_\_\_\_

**School Fees (if applicable)**

- √ Child's name: \_\_\_\_\_ Grade: \_\_\_\_\_ Amount \$ \_\_\_\_\_
- √ Child's name: \_\_\_\_\_ Grade: \_\_\_\_\_ Amount \$ \_\_\_\_\_
- √ Child's name: \_\_\_\_\_ Grade: \_\_\_\_\_ Amount \$ \_\_\_\_\_

I/we hereby apply for membership in The Emanuel synagogue and agree to abide by its Constitution, By-Laws, payment terms and any resolutions passed at any authorized congregation and/or Board of Trustees meeting. Our fiscal year is July1 - June 30 year.

Member Name: \_\_\_\_\_ Spouse/Partner Name: \_\_\_\_\_

\*Member Signature: \_\_\_\_\_ \*Spouse/Partner Signature: \_\_\_\_\_

Received by (Staff Name): \_\_\_\_\_

*\*email confirmation ok*