

MEMBERSHIP APPLICATION

Complete both sides. Include a membership deposit of 1/3 of dues with your application.

PLEASE PRINT CLEARLY

Name(s): (A) _____ (B) _____

Address: _____

_____ Zip: _____

Home Phone: _____

Cell phone: (A) _____ (B) _____

May we list your cell phone number(s) in our directory (sent to all members) YES NO

E-mail address: (A) _____

(B) _____

Occupation(s): (A) _____ (B) _____

Employer(s): (A) _____ (B) _____

Work Address: (A) _____ (B) _____

Work Phone: (A) _____ (B) _____

Date of Birth: (A) _____ (B) _____

Category of membership: circle one Single Adult Family (*two adults or one or more adults with children*)

For Family Membership list the following information on children or other family living in your home.

Name	Relationship	Date of Birth	School Grade
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Will your children utilize our education programs? Yes () No ()

If you want a notice sent to you as a reminder of *yahrzeit* please complete the following information:

_____ send letter on the English date _____ send letter based on the Hebrew date

Name of deceased	Relationship	English Date of Death month / day / year
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PLEASE PRINT CLEARLY

1. How or from what source did you learn about the Reconstructionist Synagogue of the North Shore?

2. Have you been a member of another synagogue? If so where?

3. Have you paid a building fund? How much?

4. Are you interested in Adult Studies? If so, what areas?

5. What interests do you have or what sort of committees would you like to join?

6. Are there any comments you would like to include?

The undersigned hereby agree(s) to join the Reconstructionist Synagogue of the North Shore, to abide by its rules and regulations, and to be responsible for payment of the applicable membership fees.

(A) _____

(B) _____

Date: _____

PLEASE INCLUDE A DEPOSIT OF 1/3 OF DUES WITH YOUR APPLICATION.