



Membership Application Form

(Updated Sept 2023)

- It's easier to complete this form online! Go to www.iccj2004.org/membership-application-form and submit it there *instead* of using this form.
- Use this form to apply for ICCJ membership. After submitting the form, our office will contact you about dues payment and/or with any further questions.
- This form can be filled in on Computer, saved, and emailed back to us at info@iccj2004.org . It can also be printed, filled in by hand, and returned to us via email, mail or in-person.
- If filling it in by hand please use a ball point pen and clear, CAPITAL LETTERS.
- Hebrew names can be entered in Hebrew letters or in transliterated English.

Welcome to our congregational family!

	Adult 1				Adult 2			
Name	First	Middle	Last	Pronoun	First	Middle	Last	Pronoun
	Cell Phone		Email Address		Cell Phone		Email Address	

	Main Home Address			Seasonal Home Address		
Contact Information	Street Address			Street Address		
	Address Line 2			Address Line 2		
	City	State	Zip	City	State	Zip
	Home Phone			Seasonal Home Phone		

	Adult 1		Adult 2	
Personal Information	Occupation		Occupation	
	Military Service / Branch		Military Service / Branch	
	Marital Status: <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Domestic Partnership		<input type="radio"/> Widowed <input type="radio"/> Divorced <input type="radio"/> Separated	
			Anniversary Date	

Emergency Contact:	Name	Relationship	Cell phone
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	Adult 1		Adult 2	
Family Record Information	Hebrew Name		Hebrew Name	
	Father's Hebrew Name		Father's Hebrew Name	
	Mother's Hebrew Name		Mother's Hebrew Name	
	<input type="radio"/> Born to a Jewish mother <input type="radio"/> Converted <input type="radio"/> Not Jewish		<input type="radio"/> Born to a Jewish mother <input type="radio"/> Converted <input type="radio"/> Not Jewish	
	Jewish Status		Jewish Status	
	<input type="radio"/> Kohen <input type="radio"/> Levi <input type="radio"/> Yisrael <input type="radio"/> Unsure <input type="radio"/> Not applicable		<input type="radio"/> Kohen <input type="radio"/> Levi <input type="radio"/> Yisrael <input type="radio"/> Unsure <input type="radio"/> Not applicable	
	Tribe		Tribe	

Children

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
English Name	Hebrew Name	Pronoun	Date of Birth	Bat/Bar Mitzvah Date	Torah Portion	School/College/University	Grade
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
English Name	Hebrew Name	Pronoun	Date of Birth	Bat/Bar Mitzvah Date	Torah Portion	School/College/University	Grade
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
English Name	Hebrew Name	Pronoun	Date of Birth	Bat/Bar Mitzvah Date	Torah Portion	School/College/University	Grade
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
English Name	Hebrew Name	Pronoun	Date of Birth	Bat/Bar Mitzvah Date	Torah Portion	School/College/University	Grade
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
English Name	Hebrew Name	Pronoun	Date of Birth	Bat/Bar Mitzvah Date	Torah Portion	School/College/University	Grade

Yahrzeit observances

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
English Name of Deceased	Hebrew Name of Deceased	Date of Death: Hebrew	Date of Death: Gregorian	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
English Name of Deceased	Hebrew Name of Deceased	Date of Death: Hebrew	Date of Death: Gregorian	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
English Name of Deceased	Hebrew Name of Deceased	Date of Death: Hebrew	Date of Death: Gregorian	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
English Name of Deceased	Hebrew Name of Deceased	Date of Death: Hebrew	Date of Death: Gregorian	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
English Name of Deceased	Hebrew Name of Deceased	Date of Death: Hebrew	Date of Death: Gregorian	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
English Name of Deceased	Hebrew Name of Deceased	Date of Death: Hebrew	Date of Death: Gregorian	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
English Name of Deceased	Hebrew Name of Deceased	Date of Death: Hebrew	Date of Death: Gregorian	Relationship

Adult 1

Adult 2

Synagogue interests

(Select all applicable)

<input type="checkbox"/> Education <input type="checkbox"/> Building Maintenance (House) <input type="checkbox"/> Catering – In House <input type="checkbox"/> Chaverim (social group) <input type="checkbox"/> Chesed (kindness) <input type="checkbox"/> Exercise <input type="checkbox"/> Finance <input type="checkbox"/> Fundraising <input type="checkbox"/> Holocaust Memorial <input type="checkbox"/> Israel Affairs <input type="checkbox"/> Library <input type="checkbox"/> Membership <input type="checkbox"/> Men’s Club <input type="checkbox"/> Monthly Bulletin <input type="checkbox"/> Ohr Chadash Religious School <input type="checkbox"/> Programming <input type="checkbox"/> Public Relations <input type="checkbox"/> Religious Affairs <input type="checkbox"/> Sisterhood <input type="checkbox"/> Social Action <input type="checkbox"/> Social Media <input type="checkbox"/> Young Adults <input type="checkbox"/> Young Families <input type="checkbox"/> Youth Group – USY	<input type="checkbox"/> Education <input type="checkbox"/> Building Maintenance (House) <input type="checkbox"/> Catering – In House <input type="checkbox"/> Chaverim (social group) <input type="checkbox"/> Chesed (kindness) <input type="checkbox"/> Exercise <input type="checkbox"/> Finance <input type="checkbox"/> Fundraising <input type="checkbox"/> Holocaust Memorial <input type="checkbox"/> Israel Affairs <input type="checkbox"/> Library <input type="checkbox"/> Membership <input type="checkbox"/> Men’s Club <input type="checkbox"/> Monthly Bulletin <input type="checkbox"/> Ohr Chadash Religious School <input type="checkbox"/> Programming <input type="checkbox"/> Public Relations <input type="checkbox"/> Religious Affairs <input type="checkbox"/> Sisterhood <input type="checkbox"/> Social Action <input type="checkbox"/> Social Media <input type="checkbox"/> Young Adults <input type="checkbox"/> Young Families <input type="checkbox"/> Youth Group – USY
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Adult 1

Adult 2

Special Talents

(Please list any special talents, e.g. Torah reading, Haftarah chanting, leading services, singing, playing an instrument, computer use, etc.)

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How did you hear about ICCJ?

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I consent to be added to the ICCJ mailing and emailing lists, and to receive communications from ICCJ via mail, email, phone and text-message.
 (ICCJ communicates about services, events, website matters and other matters, usually 2-3 times a week.)

I/we understand that I/we are responsible for all financial obligations that I/we incur with Israel Center of Conservative Judaism. I/we understand that after submitting this form, I/we will be contacted by the office to arrange dues payment.

Adult 1

Adult 2

Signatures and Date

Signature	Signature
Date	Date