



LAKESIDE CONGREGATION

FOR REFORM JUDAISM

MEMBERSHIP APPLICATION

Adult #1 Mr. Mrs. Ms. Dr. Other _____

Last Name _____ First Name _____ Nickname _____

Hebrew Name _____ Gender _____ Date of Birth ___/___/___

Religious Background: Jewish Other Faith Religion/Jewish Denomination _____

Occupation _____ Firm/Company Name _____

Primary Phone: Cell Home Work Number: (____) _____

Secondary Phone: Cell Home Work Number: (____) _____

Primary E-mail: Personal Work _____ @ _____

Secondary E-mail: Personal Work _____ @ _____

Adult #2 Mr. Mrs. Ms. Dr. Other _____

Last Name _____ First Name _____ Nickname _____

Hebrew Name _____ Gender _____ Date of Birth ___/___/___

Religious Background: Jewish Other Faith Religion/Jewish Denomination _____

Occupation _____ Firm/Company Name _____

Primary Phone: Cell Home Work Number: (____) _____

Secondary Phone: Cell Home Work Number: (____) _____

Primary E-mail: Personal Work _____ @ _____

Secondary E-mail: Personal Work _____ @ _____

Residence

Address _____

City _____ State _____ Zip _____

Marital Status: Single Engaged Married (Anniversary Date: ___/___/_____)
 Separated Divorced Widowed Other _____



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Child (if applicable)

Last Name _____ First Name _____ Nickname _____

Hebrew Name _____ Date of Birth ____/____/____ Gender: _____

Grade _____ Name of School _____

If under 18: Is your child currently enrolled in the Children's Center? Yes No

Are you interested in enrolling your child in Religious School? (K through 10th Grade) Yes No

If over 21: Marital Status Single Married Other Emergency Contact Phone (____) _____

Address _____ City _____ State ____ Zip _____

Child (if applicable)

Last Name _____ First Name _____ Nickname _____

Hebrew Name _____ Date of Birth ____/____/____ Gender: _____

Grade _____ Name of School _____

If under 18: Is your child currently enrolled in the Children's Center? Yes No

Are you interested in enrolling your child in Religious School? (K through 10th Grade) Yes No

If over 21: Marital Status Single Married Other Emergency Contact Phone (____) _____

Address _____ City _____ State ____ Zip _____

Child (if applicable)

Last Name _____ First Name _____ Nickname _____

Hebrew Name _____ Date of Birth ____/____/____ Gender: _____

Grade _____ Name of School _____

If under 18: Is your child currently enrolled in the Children's Center? Yes No

Are you interested in enrolling your child in Religious School? (K through 10th Grade) Yes No

If over 21: Marital Status Single Married Other Emergency Contact Phone (____) _____

Address _____ City _____ State ____ Zip _____

Please attach a separate page if you have additional children.



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Yahrzeits

I/we wish to have the following *Yahrzeits* recognized:

1. Name (s) of Deceased: _____ English Date of Death: ___/___/___

On which date would you like to be notified? English Hebrew

Person to be notified: _____ Relationship to Deceased: _____

2. Name (s) of Deceased: _____ English Date of Death: ___/___/___

Which date would you like to be notified? English Hebrew

Person to be notified: _____ Relationship to Deceased: _____

3. Name (s) of Deceased: _____ English Date of Death: ___/___/___

Which date would you like to be notified? English Hebrew

Person to be notified: _____ Relationship to Deceased: _____

4. Name (s) of Deceased: _____ English Date of Death: ___/___/___

Which date would you like to be notified? English Hebrew

Person to be notified: _____ Relationship to Deceased: _____

Please notify the Office Manager on a separate piece of paper of any additional Yahrzeits you wish the synagogue to acknowledge.

How did you hear about Lakeside Congregation? _____

Reason for Joining _____

Dues

I/we are applying for membership in the following classification: Single Family

I/we hereby apply for membership at Lakeside Congregation, and agree that all information provided in this application is correct. In regard to membership dues and fees, I/we understand that Temple policy requires that members must be in good standing with fees paid (or suitable arrangements made) prior to the High Holy Days in order to obtain tickets.

Signature _____ Date ___/___/___



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Involvement is the best way to feel a sense of belonging to the Lakeside Community. In which of the following activities would you be willing to participate?

<u>ACTIVITY/COMMITTEE</u>	<u>ADULT 1</u>	<u>ADULT 2</u>
Adult Education	<input type="checkbox"/>	<input type="checkbox"/>
Adult Choir	<input type="checkbox"/>	<input type="checkbox"/>
Book Group	<input type="checkbox"/>	<input type="checkbox"/>
Building and Grounds	<input type="checkbox"/>	<input type="checkbox"/>
Fundraising Events	<input type="checkbox"/>	<input type="checkbox"/>
Marketing, Communications, and Technology	<input type="checkbox"/>	<input type="checkbox"/>
Membership Committee	<input type="checkbox"/>	<input type="checkbox"/>
Religious School Committee	<input type="checkbox"/>	<input type="checkbox"/>
Ritual and Music Committee	<input type="checkbox"/>	<input type="checkbox"/>
Social Action Committee	<input type="checkbox"/>	<input type="checkbox"/>
Social Events	<input type="checkbox"/>	<input type="checkbox"/>
Women of Lakeside (Sisterhood)	<input type="checkbox"/>	<input type="checkbox"/>

Other interests or skills:
