



Manetto Hill

JEWISH CENTER

RABBI NEIL SCHUMAN
Spiritual Leader

RUTH KRAVIT MSDE
Education Director

Application for Membership 2021-2022

Welcome to Manetto Hill Jewish Center. We are delighted you are joining MHJC. We ask you to complete this application so that we can better understand and serve your needs. Once completed, please send or e-mail (mhjcoffice@gmail.com) your completed application to the Synagogue office.

Preferred way for mail to be addressed _____

Street address _____

City/state/zip _____

	ADULT 1	ADULT 2
Name		
Work phone		
Home phone		
E-mail address		
Occupation		
Birthday (m/d/y)		
Hebrew name –Transliterated (e.g. “Zalman son of Avraham & Sarah”) and, if you can, in Hebrew.	<input type="checkbox"/> KOHEN <input type="checkbox"/> LEVI <input type="checkbox"/> ISRAEL	<input type="checkbox"/> KOHEN <input type="checkbox"/> LEVI <input type="checkbox"/> ISRAEL
Spiritual Journey	<input type="checkbox"/> Jewish by birth <input type="checkbox"/> Jewish by choice <input type="checkbox"/> Other tradition of faith _____	<input type="checkbox"/> Jewish by birth <input type="checkbox"/> Jewish by choice <input type="checkbox"/> Other tradition of faith _____
Wedding anniversary (if applicable) (m/d/y)		

MHJC welcomes interfaith families. Both partners are encouraged to participate in synagogue life.

Your children (if applicable)

Name	Date of Birth	Hebrew name (transliterated and, if you can, spelled in Hebrew)	Last Religious School Year Attended

Please note that there is a separate application for the Religious School. Please contact the main office, so that we can assist in enrolling your child(ren) in our Religious School.

Yahrzeit (Memorial) Information

Member's Name	Deceased's Name	Relation	Date of Death m/d/y	After sundown
				<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N

We encourage active participation in synagogue programming, organizational leadership and religious ritual. Please check the committees that you are interested in and we will contact you:

Please check any areas of interest:	Adult #1	Adult #2		Adult #1	Adult #2
Education	<input type="checkbox"/>	<input type="checkbox"/>	Israeli Community/Jewish Affairs & Social Action	<input type="checkbox"/>	<input type="checkbox"/>
Interfaith	<input type="checkbox"/>	<input type="checkbox"/>	Membership	<input type="checkbox"/>	<input type="checkbox"/>
Building / House	<input type="checkbox"/>	<input type="checkbox"/>	Men's Club	<input type="checkbox"/>	<input type="checkbox"/>
Fundraising	<input type="checkbox"/>	<input type="checkbox"/>	Ritual	<input type="checkbox"/>	<input type="checkbox"/>
Family Life	<input type="checkbox"/>	<input type="checkbox"/>	Sisterhood	<input type="checkbox"/>	<input type="checkbox"/>

Suggestions: _____

<i>Skills & Experiences</i>	Adult #1	Adult #2
Previous Jewish education (Religious school, day school, high school, college)		
Reading Torah (please list portion(s) that you already know)		
Reading Haftarah (please list portion(s) that you already know)		
Artistic skills (singing, musical instruments, arts or crafts, etc.)		
Computer skills (database, Web site design, other)		
Fund-raising experience		
Other		

Previous synagogue affiliation (if any) – List name and location

Adult 1 _____ Adult 2 _____

How did you learn about MHJC? Members? _____ If yes, who? _____

Other? _____ If yes, who/what? _____

Why did you decide to join MHJC? _____

Please let us know of any food or other allergies that you or members of your family may have: _____

I prefer to receive e-mail notifications: Yes _____ E-mail address: _____

(Please print clearly)

E-mail address: _____

(Please print clearly)

Signature - Adult 1 _____ *Date* _____

Signature - Adult 2 _____ *Date* _____

----- FOR OFFICE USE -----

Date Received _____

Membership