



# Manetto Hill

## JEWISH CENTER

RABBI NEIL SCHUMAN  
Spiritual Leader

SUSAN MARTIN  
Education Director

### Application for Membership

July 1, 2022 - June 30, 2023

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.

Preferred way for mail to be addressed \_\_\_\_\_

Street address \_\_\_\_\_

City/state/zip \_\_\_\_\_

	ADULT 1	ADULT 2
Name		
Cell 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, LGBTQ+ and all families looking for a warm and inclusive Jewish community.**

**Your children (if applicable)**

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

\*\*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**

<b>Member's Name</b>	<b>Deceased's Name</b>	<b>Relation</b>	<b>Date of Death m/d/y</b>	<b>After sundown</b>
				<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:

<b>Please check any areas of interest:</b>	<b>Adult #1</b>	<b>Adult #2</b>		<b>Adult #1</b>	<b>Adult #2</b>
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"/>

\*Membership in Men's Club and Sisterhood is \$36 and is complementary for your first year at MHJC.

Suggestions: \_\_\_\_\_

<i>Skills &amp; 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:** \_\_\_\_\_

**Please note that we primarily communicate via email to reduce our paper consumption. Please check here if you want to receive invoices for your fulfillment of your Sustaining Pledge via hard copy mail \_\_\_\_\_.)**

*Signature - Adult 1* \_\_\_\_\_ *Date* \_\_\_\_\_

*Signature - Adult 2* \_\_\_\_\_ *Date* \_\_\_\_\_

----- FOR OFFICE USE -----  
Date Received \_\_\_\_\_  **Membership**