

Membership Application

Please clearly print all information.

Today's Date _____

Full name of each adult in household

1) Mr. Mrs. Ms. Dr. _____

Single Widow(er) Married Domestic Partnership Anniversary Date _____

Address _____

Home Phone _____ Work Phone _____

Cell Phone _____ Occupation _____

E-mail Address _____ Date of Birth _____

Hebrew Name _____

Bar/Bat Mitzvah Year and Parsha (if applicable) _____

2) Mr. Mrs. Ms. Dr. _____

Single Widow(er) Married Domestic Partnership Anniversary Date _____

Home Phone _____ Work Phone _____

Cell Phone _____ Occupation _____

E-mail Address _____ Date of Birth _____

Hebrew Name _____

Bar/Bat Mitzvah Year and Parsha (if applicable) _____

phone 703.979.4466

fax 703-979-4468

www.etzhayim.net

2920 Arlington Boulevard
Arlington, Virginia 22204



continued

Full name of each child in household

1) M F _____

Date of Birth _____ Name of School & Grade _____

Hebrew Name _____

Bar/Bat Mitzvah Year and Parsha (if applicable) _____

2) M F _____

Date of Birth _____ Name of School & Grade _____

Hebrew Name _____

Bar/Bat Mitzvah Year and Parsha (if applicable) _____

3) M F _____

Date of Birth _____ Name of School & Grade _____

Hebrew Name _____

Bar/Bat Mitzvah Year and Parsha (if applicable) _____

4) M F _____

Date of Birth _____ Name of School & Grade _____

Hebrew Name _____

Bar/Bat Mitzvah Year and Parsha (if applicable) _____

5) M F _____

Date of Birth _____ Name of School & Grade _____

Hebrew Name _____

Bar/Bat Mitzvah Year and Parsha (if applicable) _____

Questionnaire

This questionnaire will help us develop programs and activities that meet the needs of our members.

1) Do you have a skill or talent that you'd be willing to share with the synagogue? Yes No

If yes, please describe _____

2) Please place a check mark next to the activity below with which you would like to participate—sharing your time and efforts to assist the synagogue. No experience is necessary in order to participate in any activity.

Activity	Experienced	No Experience	Would Like To Participate
Adult Education (Lecture series, Yiddish Club, Torah study, Hebrew classes, Rabbi's classes)			
Bereavement (assisting those in need)			
Birkum Cholim (visiting the sick)			
Book Club			
Building Projects (e.g., School Beautification, Playground, Clean-Up Day)			
Chaverim (Singles, Couples, and Families)			
Community and Interfaith Activities (Sukkot in April, blood drives, Meals on Wheels)			
Event Planning/Catering			
Financial Planning			
Fundraising			

Questionnaire, continued

Activity	Experienced	No Experience	Would Like To Participate
Grant Writing			
Legal Advice			
Library			
Membership			
Minyan			
Office Assistance			
Preschool			
Religious School			
Services: Friday Evening			
Services: Saturday Morning			
Services: Holidays/Festivals			
Sisterhood			
Synagogue Leadership: Board Member, Committee Chair			
Youth Activities/Organizations			

3) Please list any activity that you would like to see happening in our synagogue.

4) What is the most effective and preferred way to contact you about synagogue activities, services, and programs? Number the following list from 1–7, with one being the most effective and preferred method.

Flier/Letter via US Mail		E-mail		Weekly Shabbat Announcements/Program	
<i>The Chronicle</i>		www.etzhayim.net		Telephone Call/Personal Contact	
Other Jewish Publications					