



Please print or type

If application is for a Family Membership, please complete Member A and Member B

If application is for an individual or single parent (head of household) membership, please complete Member A information only.

Please mail completed form to: Congregation Adath Israel, P.O. Box 623
Newtown, CT 06470

Date _____

Membership A

FirstName: _____ LastName _____

Local Home Address:

Street _____

City/State/Zip Code _____

Home Phone # _____ Listed _____ Unlisted _____

Cell Phone # _____

E-Mail _____

Marital Status: Married _____ Single _____

Date of Birth: Month _____ / Day _____ / Year _____

Wedding Anniversary: Month _____ / Day _____ / Year _____

Were you born Jewish? Yes _____ No _____

Conversions:

Name	Congregation/Location	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

Occupation: _____

Retired: Yes _____ No _____

Business Name: _____

Business Address: _____

Business Phone: _____ Ext. _____

Fax Line: _____

Membership B

First Name: _____ Last Name _____

Local Home Address:
Street _____
City/State/Zip Code _____

Home Phone # _____ Listed _____ Unlisted _____
Cell Phone # _____
E-Mail _____

Marital Status: Married _____ Single _____
Date of Birth: Month _____ / Day _____ / Year _____
Wedding Anniversary: Month _____ / Day _____ / Year _____
Were you born Jewish? Yes _____ No _____

Conversions:

Name	Congregation/Location	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

Occupation: _____
Retired: Yes _____ No _____

Business Name: _____
Business Address: _____
Business Phone: _____ Ext. _____
Fax Line: _____
Do you have an out-of-town address: Yes _____ No _____

Children

Name:	_____	_____	_____	_____
Hebrew Name:	_____	_____	_____	_____
Date of Birth:	_____	_____	_____	_____
Religious School	_____	_____	_____	_____
Bar/Bat Mitzvah	_____	_____	_____	_____
Date:	_____	_____	_____	_____

Religious and Cultural Data

	<i>Member A</i>	<i>Member B</i>
<i>Current synagogue affiliation:</i>	_____	_____
<i>Location:</i>	_____	_____
<i>Are you affiliated with other Jewish Organizations? List</i>	_____	_____
	_____	_____
<i>Have you participated in community projects or services? List</i>	_____	_____
	_____	_____
	_____	_____

Background Information

Are you a Kohen? _____ *A Levi?* _____

Other family members affiliated with Congregation Adath Israel. Please List:

Yahrzeit Information

Name	Hebrew Name	Relationship to member	English date Of death (include year)	Approximate Time of Day	Hebrew date if known

Congregation Participation

- Please check off those areas of interest where you want to volunteer

	<i>Member A</i>	<i>Member B</i>
<i>Ritual</i>	_____	_____
<i>Endowment</i>	_____	_____
<i>Religious School</i>	_____	_____
<i>House</i>	_____	_____
<i>Youth Activities</i>	_____	_____
<i>Adult Education</i>	_____	_____
<i>Membership</i>	_____	_____
<i>Fund Raising</i>	_____	_____
<i>Program</i>	_____	_____
<i>Library</i>	_____	_____
<i>Publicity</i>	_____	_____
<i>Sisterhood</i>	_____	_____
<i>Men's Club</i>	_____	_____

Jewish Skills and Interests

	<i>Member A</i>	<i>Member B</i>
<i>Speak/Read Hebrew</i>	_____	_____
<i>Lead Services:</i>	_____	_____
<i>Chant Torah/Haftorah</i>	_____	_____
<i>Chant Kiddush:</i>	_____	_____
<i>Bless Sabbath Candles:</i>	_____	_____
<i>Years of Religious School:</i>	_____	_____
<i>Other Skills/Interests</i>	_____	_____

Agreement

I/We hereby make application for membership in Congregation Adath Israel, and agree to adhere to its by-laws. I/We agree to fulfill all financial obligations.

(Signed) _____ *Date* _____

Congregation Adath Israel of Newtown
Registration For Religious School

Child's Name: _____

Address: _____

Telephone: _____

E-mail Address: _____

Child's Hebrew Name: _____ Date of Birth _____

Grade in School in September _____

Parents' Name: _____

Parents' E-Mail Address _____

In case of emergency, parents can be reached by phone at

Home _____ Work _____ Cell _____

If parents cannot be reached during an emergency, please list someone locally to contact

Name: _____ Relationship to child _____

Address: _____ Telephone _____

Please share the following information with us; this information will be kept confidential

1) Does your child have any special needs in the classroom? _____

(If you would prefer not to include this information on this form but would like to discuss a problem with a teacher; please feel free to do so)

2) Please list any medical problems; i.e. allergies _____

3) Can someone in your home read Hebrew? _____

4) Is the student's father Jewish? _____ Is the student's mother Jewish _____

5) Release of Information:

____ Yes, I give permission to release my child's name, address and/or phone number.'

____ No, I do not give my permission but request that my child's information be kept confidential.

____ I would like my child's information included only in the school directory

***This applies to organizations and/or other individuals requesting student lists, i.e. Jewish Federation.*

Parent's Signature _____