



EAST END TEMPLE

CONGREGATION EL EMET ק"ק אל אמת
245 East 17th St., New York, NY 10003
212.477.6444 info@eastendtemple.org
www.eastendtemple.org

OFFICE USE:

MEMBERSHIP APPLICATION

DATE: _____

Welcome to EET! We are delighted you want to become a member. Information will be treated confidentially.

	ADULT MEMBER 1	ADULT MEMBER 2
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other _____	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other _____
Full Name:		
Nickname, if preferred:		
Date of Birth (mm/dd/yyyy):		
Household Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partnered <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed Anniversary Date: _____ <input type="checkbox"/> Other (please specify): _____	
Contact Information:	Email: _____ Work Email: _____ Home: () _____ Work: () _____ Mobile: () _____ Other: () _____ Fax: () _____	Email: _____ Work Email: _____ Home: () _____ Work: () _____ Mobile: () _____ Other: () _____ Fax: () _____
Mailing Address:	_____ Address _____ _____ City State Zip	(If different from Adult 1) _____ Address _____ _____ City State Zip
Occupation/Profession:	_____	_____
Title:	_____	_____
Employer name and address: (If applicable)	_____ Name _____ Address _____ City State Zip	_____ Name _____ Address _____ City State Zip

	ADULT MEMBER 1	ADULT MEMBER 2
Hebrew name, if applicable:		
Parents' names (Hebrew or English):		
Current religious affiliation:	<input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Jewish unaffiliated <input type="checkbox"/> Reconstructionist <input type="checkbox"/> Other _____	<input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Jewish unaffiliated <input type="checkbox"/> Reconstructionist <input type="checkbox"/> Other _____
Conversion date, if you are a Jew by Choice (mm/dd/yyyy):		
If applicable, Bar/Bat Mitzvah and/or Confirmation information:	Date: _____ Congregation: _____ City: _____	Date: _____ Congregation: _____ City: _____
If applicable, most recent Jewish synagogue affiliation:	Date: _____ Congregation: _____ City: _____	Date: _____ Congregation: _____ City: _____
Accommodations: Feel free to attach additional information. We will do our best.	<input type="checkbox"/> Visual impairment (large print prayer book) <input type="checkbox"/> Hearing impairment <input type="checkbox"/> Mobility-challenged <input type="checkbox"/> Food allergies or restrictions: _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> Visual impairment (large print prayer book) <input type="checkbox"/> Hearing impairment <input type="checkbox"/> Mobility-challenged <input type="checkbox"/> Food allergies or restrictions: _____ <input type="checkbox"/> Other _____

Children's Information

Attach an additional sheet if needed

	Child 1	Child 2	Child 3	Child 4
Full name:				
Gender:				
Hebrew name: (if applicable)				
Date of Birth: (mm/dd/yyyy)				
Was/is this child raised in the Jewish faith?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will this child be attending religious school at EET? (School registration forms are on page 4)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If applicable, Bar/Bat Mitzvah: (date, congregation, city) Confirmation: (date, congregation, city)				
Other religious schools attended: (date, congregation, city)				

Yahrzeits (Memorial Dates) Attach an additional sheet if needed.

Name	Date of death (Secular/ English calendar)	Date of death (Hebrew calendar)	Relationship

If you don't know the Hebrew dates, they can be determined from the secular dates. Cards will be sent by the EET office.

I would like to observe the ___ **Secular -or-** ___ **Hebrew** memorial dates. Request information on memorial plaques.

Interests and Talents ~ Help us get to know you.

	Adult # 1	Adult # 2	Comments
Cooking/Baking	<input type="checkbox"/>	<input type="checkbox"/>	_____
Data Management	<input type="checkbox"/>	<input type="checkbox"/>	_____
Development/Fund Raising	<input type="checkbox"/>	<input type="checkbox"/>	_____
Event Planning	<input type="checkbox"/>	<input type="checkbox"/>	_____
Facilities & Design	<input type="checkbox"/>	<input type="checkbox"/>	_____
Finance	<input type="checkbox"/>	<input type="checkbox"/>	_____
Holidays & Worship	<input type="checkbox"/>	<input type="checkbox"/>	_____
Jewish Studies/Hebrew Language	<input type="checkbox"/>	<input type="checkbox"/>	_____
Marketing/Communications	<input type="checkbox"/>	<input type="checkbox"/>	_____
Music, Dance, Voice	<input type="checkbox"/>	<input type="checkbox"/>	_____
Photography/Video/Film	<input type="checkbox"/>	<input type="checkbox"/>	_____
Social Action/ <i>Tikkun Olam</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ushering	<input type="checkbox"/>	<input type="checkbox"/>	_____
Website Design and Management	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other (feel free to attach another page)	<input type="checkbox"/>	<input type="checkbox"/>	_____

Adult Member 1: I, _____, wish to become a member of East End Temple. I contract to pay the membership rates and the school fees (if applicable) as determined by the Board of Trustees.

Signature _____ Date _____

Adult Member 2: I, _____, wish to become a member of East End Temple. I contract to pay the membership rates and the school fees (if applicable) as determined by the Board of Trustees.

Signature _____ Date _____

Religious School Registration Form

Please photocopy this form if you are registering more than one child

Last Name: _____ First Name: _____ Hebrew Name: _____

Gender: _____ Date of Birth: _____ Age: _____

Religious School Grade: _____ Secular School Name _____ Grade: _____
(As of Sept., 2010) (As of Sept., 2010)

Student's Address (if different from address on Page 1):

Medical Information

Physician's Name: _____ Tel. #: _____

Insurance Co.: _____ Plan/Group#: _____ Policy#: _____

Alternate Emergency Contact Information: Should my child become ill and a parent/guardian cannot be reached, please notify one of the following people to pick up my child. If there should be a civil defense emergency or natural disaster, the following people are authorized to pick up my child.

Contact #1 Name: _____ Relationship to child: _____

Telephone Number(s): _____

Contact #2 Name: _____ Relationship to child: _____

Telephone Number(s): _____

Transportation:

My child may leave religious school on his/her own: Y/N If no, my child may be released to: _____

I may be interested in bus/van transportation to and/or from religious school at an additional cost: Y/N

Publicity:

I give permission for my child's photo to be published on the EET website without his/her name: Y/N

I give permission for my family's contact information to be published in a school directory: Y/N

Personal Information:

A. My child has the following allergies (food, environment, etc.): _____

B. My child has the following physical, learning or personal needs that might affect his/her performance and/or adjustment in Religious School: _____

C. My child is receiving the following supportive services that would be important to know about: _____

D. Additional information: _____

This information may be shared with my child's teacher: Y/N

Please contact me to discuss this form: Y/N

Information given by: _____

Name

Signature

Relationship to Child

Date

If you have any questions please contact our Director of Congregational Learning, Sara Blumstein, RJE, at educator@eastendtemple.org or 212.477.6617.