



THE CONGREGATION EMANU-EL

TWO LAKE STREET
SAN FRANCISCO, CA 94118
415/751-2535

MEMBERSHIP APPLICATION

Member A

Mr. Ms. Mrs. Dr. Other _____

Last Name _____

First Name _____

Middle Name _____

Nick Name _____

Maiden Name _____

Hebrew Name _____

Birth date: Month _____ Day _____ Year _____

Member B

Mr. Ms. Mrs. Dr. Other _____

Last Name _____

First Name _____

Middle Name _____

Nick Name _____

Maiden Name _____

Hebrew Name _____

Birth date: Month _____ Day _____ Year _____

Residence Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ Fax Phone (____) _____

Cell Phone (____) _____ Cell Phone (____) _____

Email address _____ Email address _____

Billing Address, if different from residence _____

City _____ State _____ Zip _____

Member A

Organization Name _____

Profession /Industry _____

Business Address _____

City _____ State _____ Zip _____

Business Phone (____) _____

FAX (____) _____

Email Address _____

Owner Partner Employee

Member B

Organization Name _____

Profession/Industry _____

Business Address _____

City _____ State _____ Zip _____

Business Phone (____) _____

FAX (____) _____

Email Address _____

Owner Partner Employee

Marital Status: Single Engaged Married Life Partner Divorced Widowed

If married, date of marriage: Month _____ Day _____ Year _____

How do you want your names listed for mailing list or roster? (e.g.: Mr. and Mrs. Alan Jones, or Alan and Shirley Jones, Mr. Alan Jones or Ms. Shirley Jones) _____

Salutation: Dear (first name) _____

Member A

Name _____

Member B

Name _____

Family Information:

Children residing with you:

Last Name _____ First Name _____ Middle Name _____

Birth date: Month _____ Day _____ Year _____ Sex: Female Male

Current school grade _____ Name of School _____

Last Name _____ First Name _____ Middle Name _____

Birth date: Month _____ Day _____ Year _____ Sex: Female Male

Current school grade _____ Name of School _____

Last Name _____ First Name _____ Middle Name _____

Birth date: Month _____ Day _____ Year _____ Sex: Female Male

Current school grade _____ Name of School _____

Children not residing with you:

Name _____ Birth date _____

Spouse Name _____ Birth date _____

Congregational Affiliation: _____

Address _____ City _____

State _____ Zip _____ Phone (_____) _____ E-Mail _____

Name _____ Birth date _____

Spouse Name _____ Birth date _____

Congregational Affiliation: _____

Address _____ City _____

State _____ Zip _____ Phone (_____) _____ E-Mail _____

Name _____ Birth date _____

Spouse Name _____ Birth date _____

Congregational Affiliation: _____

Address _____ City _____

State _____ Zip _____ Phone (_____) _____ E-Mail _____



Member A

Name _____

Member B

Name _____

To help us get to know you: *(please indicate Member A or B on all information)*

When I was growing up, my family was affiliated with a congregation that was:

Reform Conservative Orthodox None

Non-Jewish Religion practiced _____

When I was growing up, my family was affiliated with a congregation that was:

Reform Conservative Orthodox None

Non-Jewish Religion practiced _____

My Religious Background as an adult:

Reform Conservative Orthodox None

Non-Jewish Religion practiced _____

My Religious Background as an adult:

Reform Conservative Orthodox None

Non-Jewish Religion practiced _____

Affiliations:

Please list community organizations of which you are a member. Please check those for which you serve on the Board of Directors (Jewish and non-Jewish). If you are or have been an officer, please indicate:

Prior Synagogue Affiliation: _____

City _____ State _____

What are your

interests: _____

Please list relatives and friends who are now members of Congregation Emanu-El:

Name(s)

Relationship

Cemetery: Do you own cemetery property? Yes No If yes, name of memorial park: _____

Please list names and dates of death of those for whom you wish Yahrzeit (anniversary of death) notices sent:

Name	Relationship	Month, Day and Year of Death
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Talk to us: At Congregation Emanu-El, we are committed to getting feedback from our members about their experiences and expectations, so we hope you would include answers to the following:

1) What are your main reasons for joining? _____

2) Are there any particular programs, events, or experiences that you hope to have at Congregation Emanu-El?

3) Is there anything special you'd like us to know about your family? _____

Referred by: _____

Signature _____ Signature _____

Date: _____ Date: _____

For Office Use Only:

Membership ID: _____

Type: _____ Under 30 _____ Young Adult _____ Regular _____ Senior
_____ Single _____ Family _____ Single Parent Family

Input: _____ Accounting: _____ Executive Director _____ Membership Director _____

Date of input: _____