

## MEMBERSHIP APPLICATION

*Please fill in the following information to the best of your ability*

### **ADULT 1 --- Please include me in the membership directory (circle one) Yes No**

Name:		Business:	
Address:		Address:	
City, St, Zip:		City, St, Zip:	
Phone	Fax	Phone:	Fax:
Cell Phone	Pager	Business Email:	
Personal Email:		Occupation:	
Blood Type:	Donor <input type="checkbox"/>	Gender: M F	<b><u>Emergency Information</u></b>
Birth Date with Year:	Anniversary Date with Year:		
Haftarah:	Cohayn or Levy		Kosher Household: Y N
Hebrew Name:		Parents' Hebrew Names:	
Interests, hobbies, special talents:			

### **ADULT 2 --- Please include me in the membership directory (circle one) Yes No**

Name:		Business:	
Address:		Address:	
City, St, Zip:		City, St, Zip:	
Phone	Fax	Phone:	Fax:
Cell Phone	Pager	Business Email:	
Personal Email:		Occupation:	
Blood Type:	Donor <input type="checkbox"/>	Gender: M F	<b><u>Emergency Information</u></b>
Birth Date with Year:	Anniversary Date with Year:		
Haftarah:	Cohayn or Levy		
Hebrew Name:		Parents' Hebrew Names:	
Interests, hobbies, special talents:			

### **Yahrzeits (Include the Year)**

Name:	Date:	Relationship	Adult 1 <input type="checkbox"/> Adult 2 <input type="checkbox"/>
Hebrew Name:	Time: am/pm	Cemetery: Location:	
Name:	Date:	Relationship	Adult 1 <input type="checkbox"/> Adult 2 <input type="checkbox"/>
Hebrew Name:	Time: am/pm	Cemetery: Location:	
Name:	Date:	Relationship	Adult 1 <input type="checkbox"/> Adult 2 <input type="checkbox"/>
Hebrew Name:	Time: am/pm	Cemetery: Location:	
Name:	Date:	Relationship	Adult 1 <input type="checkbox"/> Adult 2 <input type="checkbox"/>
Hebrew Name:	Time: am/pm	Cemetery: Location:	

**DEPENDENT OR ADULT CHILD (circle one)** --- Please include me in the membership directory (circle one) Yes No

Name:			School:		
Address:			Address:		
City, St, Zip:			City, St, Zip:		
Phone			Phone:		Fax:
Email			Email:		
Blood Type:	Donor <input type="checkbox"/>	Gender: M F	Major:		Grade:
Birth Date with Year:			<b>Emergency Information</b> Name:		Phone:
Bar/Bat Mitzvah Date:	Haftarah:	Cohayn or Levy			
Hebrew Name:					
Interests, hobbies, special talents:					

**DEPENDENT OR ADULT CHILD (circle one)** --- Please include me in the membership directory (circle one) Yes No

Name:			School:		
Address:			Address:		
City, St, Zip:			City, St, Zip:		
Phone			Phone:		Fax:
Email			Email:		
Blood Type:	Donor <input type="checkbox"/>	Gender: M F	Major:		Grade:
Birth Date with Year:			<b>Emergency Information</b> Name:		Phone:
Bar/Bat Mitzvah Date:	Haftarah:	Cohayn or Levy			
Hebrew Name:					
Interests, hobbies, special talents:					

**DEPENDENT OR ADULT CHILD (circle one)** --- Please include me in the membership directory (circle one) Yes No

Name:			School:		
Address:			Address:		
City, St, Zip:			City, St, Zip:		
Phone			Phone:		Fax:
Email			Email:		
Blood Type:	Donor <input type="checkbox"/>	Gender: M F	Major:		Grade:
Birth Date with Year:			<b>Emergency Information</b> Name:		Phone:
Bar/Bat Mitzvah Date:	Haftarah:	Cohayn or Levy			
Hebrew Name:					
Interests, hobbies, special talents:					

Building Fund Fee \$ \_\_\_\_\_

**FOR OFFICE USE ONLY**  
Fee with Application. \_\_\_\_\_ Dues Form Complete Yes No  
Presented to the Board \_\_\_\_\_

\_\_\_\_\_  
Signature – Applicant Date

\_\_\_\_\_  
Signature – Membership Committee Chair Date

## ***Getting to Know You!***

Mazal Tov and welcome to the OZ congregation! By becoming an OZ member, you have chosen to support all the wonderful *tikkun olam* (healing and repairing of the world) that we sponsor both at the synagogue and within the community each and every day. When you support OZ, you support Jewish continuity and creativity. You dare to be noticed and counted.

We want to acknowledge this *simcha* (happy occasion), of your new OZ membership.

Please help us by writing a few lines introducing yourself to the community. We will include them in an upcoming edition of our monthly newsletter, The Voice. If you have one handy, consider including a photo as well, digital or film, or e-mailing it to [office@ohavizedek.com](mailto:office@ohavizedek.com).

*Examples on reverse side*

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Be sure to include interests/hobbies and what drew you to the OZ community. *Today* - Thank you so much!

*Examples:*

Deb, Scott, and Elliot recently relocated to Burlington from Marin County, California. Deb is a prosthetist and Scott is a Web Designer. Elliot, age 6, is hard at work learning to skateboard. They look forward to meeting more people in the OZ community.

Judi has lived in the Richmond area for over 16 years and is a Clinical Social Worker in a private practice, in Colchester. In her spare time, she enjoys being a computer geek and working in her overabundant vegetable garden and with her “way too many” houseplants.

Michael and Dana Engel relocated to Vermont from Manhattan after retiring from the financial services industry. They have one son who is a student at Washington University in St. Louis. Both Michael and Dana were active in their previous synagogue and have continued that tradition at Ohavi Zedek. They are involved with Vermont Interfaith Action, One to One Conversations and the Shabbat Ushers Committee.