

OR HADASH



אור חדש

# Or Hadash

190 Camp Hill Road, Fort Washington, PA 19034  
(215) 283-0276

## Membership Application

The membership year is from July 1 to June 30. When you join for the first time, we must receive (1) this completed form, (2) a completed and signed financial commitment form, and (3) if you are enrolling children in the school, a completed school enrollment form. **Members submitting completed applications by September 30 will be listed in the membership directory.** Please remember to read and complete all pages. **Return completed applications with dues payment to synagogue office.** Please call the synagogue office (215-283-0276) with any questions.

### HOUSEHOLD/PERSONAL INFORMATION (Please print all information clearly.)

**If this is your first year of membership, we will match you with a host household. Please indicate if you *do not* want this.**

**List adults' names** below and on the next page in the order in which you want them to appear in the directory.

#### ADULT 1

FIRST NAME		MI	LAST NAME		TITLE/PRONOUNS (OPTIONAL)	
CELL PHONE			E-MAIL ADDRESS			
*RRC STUDENT?		OR HADASH EMPLOYEE?				
YES	NO	YES	NO	IF YES, POSITION		
DATE OF BIRTH			OCCUPATION			
MONTH	DAY	YEAR				
EMPLOYER NAME						
BUSINESS ADDRESS						
STREET			CITY	STATE	ZIP	
WORK PHONE			WORK E-MAIL ADDRESS			
JEWISH?		HEBREW NAME				
YES	NO					

#### HOUSEHOLD INFORMATION

HOME ADDRESS						
STREET			CITY	STATE	ZIP	
MAILING ADDRESS (IF DIFFERENT)						
STREET			CITY	STATE	ZIP	
HOME PHONE			MARRIED?			
			YES	NO		

\* HONORARY MEMBERSHIP IS EXTENDED TO STUDENTS CURRENTLY ENROLLED IN THE RECONSTRUCTIONIST RABBINICAL COLLEGE, THEIR PARTNER/SPOUSE AND CHILDREN UNDER AGE 18.

NAME OF ADULT 1 (from page 1) \_\_\_\_\_

**ADULT 2**

FIRST NAME		MI	LAST NAME		TITLE/PRONOUNS (OPTIONAL)	
CELL PHONE			E-MAIL ADDRESS			
*RRC STUDENT?		OR HADASH EMPLOYEE?				
YES	NO	YES	NO	IF YES, POSITION		
DATE OF BIRTH			OCCUPATION			
MONTH	DAY	YEAR				
EMPLOYER NAME						
BUSINESS ADDRESS						
STREET			CITY		STATE	ZIP
WORK PHONE			WORK E-MAIL ADDRESS			
JEWISH?		HEBREW NAME				
YES	NO					

**CHILDREN**

Membership includes dependent children age 25 or younger who reside with you. Please list children in **descending** order by age.

**NOTE: A separate school enrollment form is required for children attending the religious school.**

FIRST NAME		MI	LAST NAME		NICKNAME	
DATE OF BIRTH			CELL PHONE (OPTIONAL)		E-MAIL ADDRESS (OPTIONAL)	
MONTH	DAY	YEAR				
ENROLLING IN RELIGIOUS SCHOOL?			HEBREW NAME		SECULAR SCHOOL ATTENDING	
YES	NO	GRADE				

FIRST NAME		MI	LAST NAME		NICKNAME	
DATE OF BIRTH			CELL PHONE (OPTIONAL)		E-MAIL ADDRESS (OPTIONAL)	
MONTH	DAY	YEAR				
ENROLLING IN RELIGIOUS SCHOOL?			HEBREW NAME		SECULAR SCHOOL ATTENDING	
YES	NO	GRADE				

(continued on next page)

NAME OF ADULT 1 (from page 1) \_\_\_\_\_

**CHILDREN (continued)**

FIRST NAME			MI	LAST NAME		NICKNAME	
DATE OF BIRTH			CELL PHONE (OPTIONAL)		E-MAIL ADDRESS (OPTIONAL)		
MONTH	DAY	YEAR					
ENROLLING IN RELIGIOUS SCHOOL?			HEBREW NAME		SECULAR SCHOOL ATTENDING		GRADE
YES	NO	GRADE					

FIRST NAME			MI	LAST NAME		NICKNAME	
DATE OF BIRTH			CELL PHONE (OPTIONAL)		E-MAIL ADDRESS (OPTIONAL)		
MONTH	DAY	YEAR					
ENROLLING IN RELIGIOUS SCHOOL?			HEBREW NAME		SECULAR SCHOOL ATTENDING		GRADE
YES	NO	GRADE					

**ADDITIONAL ADULT** – Your membership may include another adult who is living in your household full time, such as a parent or an adult child older than 25. (An additional fee applies– see financial form.) Use additional pages if you wish to include more than one additional adult on your membership.

FIRST NAME			MI	LAST NAME		TITLE/PRONOUNS (OPTIONAL)	
CELL PHONE			E-MAIL ADDRESS		RELATIONSHIP TO ADULTS 1 AND 2		
*RRC STUDENT?		OR HADASH EMPLOYEE?					
YES	NO	YES	NO	IF YES, POSITION			
DATE OF BIRTH			OCCUPATION				
MONTH	DAY	YEAR					
EMPLOYER NAME							
BUSINESS ADDRESS							
STREET			CITY			STATE	ZIP
WORK PHONE			WORK E-MAIL ADDRESS				
JEWISH?		HEBREW NAME					
YES	NO						

**COLLEGE- STUDENTS LISTED ABOVE (USE ADDITIONAL PAGES IF NECESSARY)**

FIRST NAME	SCHOOL OR UNIVERSITY ATTENDING		EXPECTED DATE OF GRADUATION	
COLLEGE MAILING ADDRESS				
STREET	CITY	STATE	ZIP	
CHECK HERE IF THIS STUDENT WOULD LIKE TO RECEIVE OUR WEEKLY E-MAILS ABOUT UPCOMING EVENTS*		<input type="checkbox"/>	CHECK HERE IF THIS STUDENT WOULD LIKE TO RECEIVE PERIODIC E-MAILS FOR COLLEGE-AGE ADULTS FROM RABBI JOSH*	

\*Make sure student's preferred e-mail address is listed above

**Yahrzeit Reminders**

List name, relationship, and date of death. Yahrzeit reminders will appear each week in the congregation newsletter.

	NAME OF LOVED ONE	OBSERVED BY (INITIALS)	RELATIONSHIP	DATE OF DEATH			
				MONTH	DAY	YEAR	AFTER SUNDOWN? (Y/N)
1							
2							
3							
4							
5							

**HOW DID YOU FIND OUT ABOUT OR HADASH? (check all that apply)**

<input type="checkbox"/>	ATTENDED A FRIEND OR FAMILY MEMBER'S LIFE CYCLE EVENT	<input type="checkbox"/>	ATTENDED HIGH HOLIDAY SERVICE
<input type="checkbox"/>	ATTENDED OPEN HOUSE SERVICE	<input type="checkbox"/>	ATTENDED SCHOOL OPEN HOUSE
<input type="checkbox"/>	INTERNET SEARCH, SAW OUR WEB SITE	<input type="checkbox"/>	REFERRED BY: _____
<input type="checkbox"/>	SAW ADVERTISEMENT (WHERE?) _____	<input type="checkbox"/>	SAW LISTING IN PHONE BOOK OR DIRECTORY
<input type="checkbox"/>	SAW OUR SIGN ON CAMP HILL ROAD	<input type="checkbox"/>	OTHER (PLEASE SPECIFY) _____
<input type="checkbox"/>	FROM FRIEND/FAMILY MEMBER _____	<input type="checkbox"/>	

Revised September 2017