***Or Hadash: A Reconstructionist Congregation*
190 Camp Hill Road, Fort Washington, PA 19034**

**215-283-0276**

***Membership Application (This is a 4 page document)***

The membership year is from July 1 to June 30. When you join for the first time, we must receive this completed form before you can enroll children in the SMILE school. **Please PRINT CLEARLY** and remember to read and complete all pages. **Return completed applications with dues payment to the synagogue office.** Please call the synagogue office (215-283-0276) with any questions. Once you return this form, you will be assigned a key fob (one per adult), appear in our online member directory, and receive directions to access your account online.

**HOUSEHOLD/PERSONAL INFORMATION**

**ADULT 1**

|  |  |  |  |
| --- | --- | --- | --- |
| First name | MI | Last name | Title/Pronouns (optional) |
|  |  |  |  |
| Cell phone | E-mail address |
|  |  |
| \*RRC student?  |  |
| Yes | No |  |  |  |
|  |  |  |  |  |
| 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.

|  |  |  |  |
| --- | --- | --- | --- |
| 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 |
|  |  |  |  |  |  |

**(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 |
|  |  |  |

**NAME OF ADULT 1 (from page 1)**

**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\* |  | Check here if this student would like to receive periodic e-mails for college-age adults from Rabbi Alanna\* |  |

\*Make sure student’s preferred e-mail address is listed with their information on the previous page

**YAHRZEIT REMINDERS**

List name, relationship, and date of death. Yahrzeit reminders will appear each week in the congregation newsletter and letters are sent approximately the month before the yahrzeit date.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name of loved one | Observed by (initials or first name) | 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)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Attended a friend or family member’s life cycle event |  | Attended High Holiday service |
|  | Attended open house service |  | Attended school open house |
|  | Internet search, saw our web site |  | Referred by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Saw advertisement (Where?) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Saw listing in phone book or directory |
|  | Saw our sign on Camp Hill Road |  | Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | From Friend/Family member \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

Revised July 2021