

# Ohavay Zion Synagogue

2048 Edgewater Court

Lexington, Kentucky 40502

## Membership Application

### Type of Membership (please check one)

Two-Adult Household  One-Adult Household

Personal Status:  Married (Date of Marriage \_\_\_\_\_)  Divorced  Widowed  Separated  Single

Date: \_\_\_\_\_

#### Adult - 1

Full Name \_\_\_\_\_  
Last First M.I.  
Nickname \_\_\_\_\_  
Hebrew Name \_\_\_\_\_  
Preferred Title: Dr. Mr. Mrs. Ms. Miss  
Address \_\_\_\_\_  
\_\_\_\_\_  
Home Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
E-mail \_\_\_\_\_

Previous Synagogue Affiliation \_\_\_\_\_

#### Occupation

Check One:  FT  PT  Retired  Unemployed  
Title \_\_\_\_\_  
Employer \_\_\_\_\_  
Work Address \_\_\_\_\_  
\_\_\_\_\_  
Work Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
E-mail \_\_\_\_\_  
May we contact you at work?  Yes  No

#### Children

Name \_\_\_\_\_  
Hebrew Name \_\_\_\_\_  
 M  F D.O.B. \_\_\_\_\_ Grade \_\_\_\_\_  
Name \_\_\_\_\_  
Hebrew Name \_\_\_\_\_  
 M  F D.O.B. \_\_\_\_\_ Grade \_\_\_\_\_

#### Parents

English: \_\_\_\_\_  
Hebrew: \_\_\_\_\_  
Mother: English & Hebrew Name  
 Living  Deceased  
English: \_\_\_\_\_  
Hebrew: \_\_\_\_\_  
Father: English & Hebrew Name  
 Living  Deceased

#### Adult - 2

Full Name \_\_\_\_\_  
Last First M.I.  
Nickname \_\_\_\_\_  
Hebrew Name \_\_\_\_\_  
Preferred Title: Dr. Mr. Mrs. Ms. Miss  
Address \_\_\_\_\_  
\_\_\_\_\_  
Home Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
E-mail \_\_\_\_\_

Previous Synagogue Affiliation \_\_\_\_\_

#### Occupation

Check One:  FT  PT  Retired  Unemployed  
Title \_\_\_\_\_  
Employer \_\_\_\_\_  
Work Address \_\_\_\_\_  
\_\_\_\_\_  
Work Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
E-mail \_\_\_\_\_  
May we contact you at work?  Yes  No

#### Children

Name \_\_\_\_\_  
Hebrew Name \_\_\_\_\_  
 M  F D.O.B. \_\_\_\_\_ Grade \_\_\_\_\_  
Name \_\_\_\_\_  
Hebrew Name \_\_\_\_\_  
 M  F D.O.B. \_\_\_\_\_ Grade \_\_\_\_\_

#### Parents

English: \_\_\_\_\_  
Hebrew: \_\_\_\_\_  
Mother: English & Hebrew Name  
 Living  Deceased  
English: \_\_\_\_\_  
Hebrew: \_\_\_\_\_  
Father: English & Hebrew Name  
 Living  Deceased

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## Membership Application

Adult – 1 (Continued)

Adult – 2 (Continued)

Date of Birth \_\_\_\_\_

Date of Birth \_\_\_\_\_

Religious tradition in which your were raised:

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Orthodox  Conservative  Reform  Secular  Other

Orthodox  Conservative  Reform  Secular  Other

If not raised in the Jewish Tradition, are you:

Jew By Choice

If not raised in the Jewish Tradition, are you:

Jew By Choice

Rabbi and/or Congregation of Conversion

Not Jewish

Rabbi and/or Congregation of Conversion

Not Jewish

Did your education include a Bar/Bat Mitzvah?

Yes  No Date: \_\_\_\_\_

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Yes  No Date: \_\_\_\_\_

Did your education include Confirmation?

Yes  No Date: \_\_\_\_\_

Did your education include Confirmation?

Yes  No Date: \_\_\_\_\_

Did your education include Jewish Day School?

Yes  No Grade Level: \_\_\_\_\_

Did your education include Jewish Day School?

Yes  No Grade Level: \_\_\_\_\_

Congregation \_\_\_\_\_

Location \_\_\_\_\_

Congregation \_\_\_\_\_

Location \_\_\_\_\_

Do you read Hebrew?  Yes  No

Do you read Hebrew?  Yes  No

Are able to:  Read Torah  Chant Haftara

Lead:  Shabbat Services  High Holy Day Services

Are able to:  Read Torah  Chant Haftara

Lead:  Shabbat Services  High Holy Day Services

Have you ever been to Israel?  Yes  No

If yes, when? \_\_\_\_\_

Have you ever been to Israel?  Yes  No

If yes, when? \_\_\_\_\_

### Committee Interests

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Education       | <input type="checkbox"/> Library/Archives |
| <input type="checkbox"/> Bikkur Cholim         | <input type="checkbox"/> Membership       |
| <input type="checkbox"/> Building & Grounds    | <input type="checkbox"/> Nursery School   |
| <input type="checkbox"/> Chevra Kaddisha       | <input type="checkbox"/> Religious/Ritual |
| <input type="checkbox"/> Education             | <input type="checkbox"/> Sisterhood       |
| <input type="checkbox"/> Finance               | <input type="checkbox"/> Social           |
| <input type="checkbox"/> Fund-raising          | <input type="checkbox"/> Social Action    |
| <input type="checkbox"/> Kiddush/Kitchen/Seder | <input type="checkbox"/> Youth Group      |

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|--|---|
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| <input type="checkbox"/> Fund-raising          | <input type="checkbox"/> Social Action    |
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Are you interested in teaching?

- Religious School  
 Hebrew School  
 Midrasha

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- Religious School  
 Hebrew School  
 Midrasha



