

Membership Application

Ohavay Zion Synagogue

2048 Edgewater Court, Lexington, KY (859) 266-8050 Fax (859)268-3357 office@ozs.org web: <http://ozs.org/>

Welcome. Please complete the information on both sides of this application.

Date of Application _____

Name(s) _____
(Please print names as you wish them to be listed on the synagogue roster.)

Home Address _____ Home Phone _____

City _____ State _____ Zip Code _____

Status Single Divorced Separated Widowed Partners/Married (mo/day/yr ___ / ___ / ___)

	Member A	Member B
Full Name (include maiden name, if applicable)		
Preferred Name		
Date of Birth		
Birthplace		
Preferred email for Synagogue correspondence		
Cell phone		
Occupation/Profession		
Specialization or Expertise		
Hebrew Name		
Are you interested in reading Torah, chanting Haftorah, or leading services?		
Business Name		
Business Address		
Business City, State, Zip		
Business Phone & Ext.		
Raised in which Religious Tradition (check)	Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Reconstructionist <input type="checkbox"/> Jew-by-Choice <input type="checkbox"/> Secular <input type="checkbox"/> Non-Practicing <input type="checkbox"/> Other _____	Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Reconstructionist <input type="checkbox"/> Jew-by-Choice <input type="checkbox"/> Secular <input type="checkbox"/> Non-Practicing <input type="checkbox"/> Other _____
Current or previous affiliation w/religious institutions		
List relationship to any member of OZS		

How did you hear about OZS?

- Referred by _____
- Website
- Jewish Publication
Live in neighborhood
- Other _____

Reason for joining:

- Worship Services
- Children in (check):
 Preschool
 Religious School
 B’Nai Mitzvah
- Commitment to social action/justice
- New to area
- Adult Learning
- Community
- Other _____

PLEASE FILL IN THE FOLLOWING INFORMATION AS IT APPLIES TO EACH OF YOUR MINOR CHILDREN.

	CHILD #1	CHILD #2	CHILD #3	CHILD #4
First Name				
Middle Name				
Last Name				
Birth date				
Gender				
Child in preschool/ Religious School				
Bar/Bat Mitzvah Date				
Hebrew Name				

PLEASE FILL IN THE FOLLOWING INFORMATION AS IT APPLIES TO EACH OF YOUR CHILDREN 18 & OVER.

If college student, school & expected date of graduation				
Email/cell phone				
Occupation				
Marital Status				
Name of spouse (if married)				

(Please attach additional sheet with identical information for additional children.)

Additional individuals currently residing with you & your relationship _____

Would you like to have a personal meeting with our Rabbi? Yes No

Are you and/or your spouse a survivor of the Holocaust or children of survivors? Yes No

Can you and/or your spouse read Hebrew? Yes No Speak Hebrew? Yes No

If applicable, please list present affiliations in Central KY civic & cultural clubs, Jewish & community organizations:

Please list any interests you may have or areas in the synagogue in which you'd like to help: _____

For security purposes,
please provide us with
the following information
for your family cars:

Make/Model/year

Make/Model/year

Make/Model/year

License plate #

License plate #

License plate #

Please list names and dates of those for whom you wish Yahrzeit (anniversary of death) notices sent. I/We would like to observe the secular or Hebrew date for Yahrzeit of my loved ones (attach an additional sheet if necessary).

NAME	DATE OF DEATH (MM/DD/YYYY)	RELATIONSHIP TO WHICH MEMBER

PERSON TO CONTACT IN CASE OF EMERGENCY

Name _____ Home Phone _____ Cell Phone _____ Relation _____
 Name _____ Home Phone _____ Cell Phone _____ Relation _____