

The Etz Hayim Synagogue

Membership Application

YOU

Date	Last Name	First Name	Hebrew Name	Birth mo/day
Day Phone	Evening Phone		e-mail address	Occupation
<input type="checkbox"/> Do not include my phone number in the Membership Directory				
(Spouse) Last Name	First Name	Hebrew Name	Birth mo/day	
Day Phone	Evening Phone		e-mail address	Occupation
Home Address		Town	State	Zip Code
Will both of you be members? _____ If not, who will be? _____				
(our by-laws allow for a non-Jewish spouse's full participation on the communal life of the synagogue)				
Anniversary _____ Yahrzeit _____				

KIDS

Please list your children aged 18 and under who reside with you starting with the oldest:

Name	Hebrew Name	Birth date	Present Grade

ETC.

What prompted you to join? _____

Please indicate those activities that might interest you or your family members:

Youth Leadership _____ Teaching _____ Adult ed. _____ Bldg. & Grounds _____

Membership _____ Legal _____ Holiday Planning _____ Newsletter _____ P.R. _____

Leadership _____ Accounting _____ Art/Music _____ Camping _____

Intermarriage Support Group _____ Community Relations _____ Fundraising _____

Social Events _____ Other _____ Can you read Hebrew? _____

Hidden Talents? _____

APPLY

I/we hereby apply for membership in Etz Hayim Synagogue and agree to pay annual membership fees as established by the Board of Directors (or other amount as arranged with the Treasurer). I/we will remain members in good standing or notify the Board of Directors of resignation in writing.

Signed _____ Date _____

Please return this form to: Registrar, Etz Hayim Synagogue, 1 1/2 Hood Rd, Derry, NH 03038

For more information, please call the synagogue at (603) 432-0004

