

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: _____

Did your education include a Bar/Bat Mitzvah?

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

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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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| <input type="checkbox"/> Education | <input type="checkbox"/> Sisterhood |
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| <input type="checkbox"/> Fund-raising | <input type="checkbox"/> Social Action |
| <input type="checkbox"/> Kiddush/Kitchen/Seder | <input type="checkbox"/> Youth Group |

Are you interested in teaching?

- Religious School
 Hebrew School
 Midrasha

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- Religious School
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