

☆ GJC Membership Application ☆

Date _____

Name Adult #1 _____
 (Please Print) (As you would like to be listed on our membership/mailling lists)

Name Adult #2 _____

Address _____

City, State, ZIP Code _____

Home Phone _____ Anniversary (if applicable) ____ / ____ / ____
 Month Day Year

Previous Affiliation _____
 Congregation — Name, City, State

How did you learn about GJC? _____

Please print	Adult #1	Adult #2
Full Name – First, Initial, Last		
Title – Mr., Mrs., Ms., Dr., Rabbi		
Preferred Name		
Email Address*		
Cell Phone or Pager Number		
Occupation		
Place of Employment Name Address		
Business Phone Number		
Fax Number		
Date of Birth		
Hebrew Name (include parent(s) Hebrew names if known)		
Tribe	Kohane Levi Yisrael	Kohane Levi Yisrael

* Your email address will be added to our member listserve so that you can receive weekly updates about upcoming Shabbat services, Holiday happenings, other programs and information important to our community. If you do not wish to be added to the GJC listserve please include your email address, but indicate your preference not to be added to the listserve.

Germantown Jewish Centre Children

Last Name(s) _____

Number of children in family _____

Number of school-aged children _____

Child's English Name	Child's Hebrew Name	M	F	Date of Birth	School	Grade in Secular School	Graduated	Grade in Religious School

College Students

English Name	Hebrew Name	M	F	Date of Birth	Name of College/Univ.	Address at College/Univ.

Family name(s): _____

General Information

Other information you feel we should know about you/your family:

- I We can lead: Weekday Minyan, Read Torah, Read Haftarah
- I We can lead: Kabbalat Shabbat Service, Shabbat Morning Service
- I We can act as: Gabbai Rishon, Gabbi Sheni
- I We can lead: AM Shiva Minyan, PM Shiva Minyan
- I We will help: make a Minyan in the synagogue
- I We will help: make a Minyan during the Shiva period
- I We can host: Shabbat dinner, Shabbat lunch
- I We can host: visitors/guests overnight for Shabbat

Are there any other support service you would be interested in giving or sharing?

Specialization, area of expertise, or skills:

Opportunities for involvement at GJC

I/We would be interested in learning about and possibly joining the following:

Adult #1

Adult #2

Committees

- Chesed
- Communications & Marketing
- Development
- Early Childhood Programs
- Finance
- House & Design
- Leadership Development
- Long Range Planning
- Membership
- Personnel
- Program
- Religious
- Religious School
- Social Action/Hospitality Network for the Homeless
- Youth Activities

Family name(s): _____

Deceased Loved Ones for Our Yahrzeit Records

(We will notify you in advice of the Yahrzeits)

<u>Name of Deceased</u>	<u>Relationship</u>	<u>English Date of Death</u> month/day/year, before/after sundown
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

GJC Minyan Affiliation

Please indicate which of our minyanim (if any) you are affiliated with:

Charry Service

Dorshei Derekh

Minyan Masorti