



GJC Member Information Form

New and Updating Members

Name(s): _____ Date: _____

Address: _____

City-State-Zip: _____

Please note: Your contact information will be appear in the annual GJC Directory, and your email(s) will be added to our email lists. You may opt out of this at any time by accessing your ShulCloud account or contacting the GJC office.

Please Print Clearly	Adult 1	Adult 2
Full Name		
Title (Mr, Mrs, Ms, M, Mx, Dr, Rabbi)		
Preferred Name		
Pronouns (he/him, they/them, etc.)		
Gender Identity		
Date of Birth		
Email Address		
Preferred Phone Number	<input type="checkbox"/> cell <input type="checkbox"/> work <input type="checkbox"/> landline	<input type="checkbox"/> cell <input type="checkbox"/> work <input type="checkbox"/> landline
Religion		
Would you like to have a conversation about your religious background with the Rabbi? <input type="checkbox"/> yes		
Transliterated Hebrew Name (please include both parents' Hebrew names)		
Occupation		
Place of Employment		

	Child	Child	Child	Child
Full Name				
Preferred Name				
Hebrew Name				
Pronouns				
Gender Identity				
Date of Birth				
Grade/School				

Children through college age are considered members of GJC under the primary adults' membership.

Yahrzeits

Please list your deceased loved ones for our yahrzeit records. We will notify you in advance of the yahrzeit.

Adult 1 / Adult 2	Name of Deceased	Relationship	English Date of Death	Before or After Sundown

More about you

The rabbis and staff of GJC would like to learn more about you and your journey to our community of communities. Together we are creating GJC to be a safe and joyful place for you and those who love you to bring your whole selves to explore Judaism, community and your own spiritual path. We offer the following questions as a starting point for a deeper conversation that you may be interested in having with us. If you prefer to skip these questions and go directly to a conversation with a rabbi - wonderful. Please let us know. Whether you choose to answer any or all of the questions below - we are grateful you are here.

What are you interested in exploring?

Adult 1	Adult 2	
<input type="checkbox"/>	<input type="checkbox"/>	Judaism & Conversion
<input type="checkbox"/>	<input type="checkbox"/>	a Rabbi-led service
<input type="checkbox"/>	<input type="checkbox"/>	a traditionalist service
<input type="checkbox"/>	<input type="checkbox"/>	a Reconstructionist service
<input type="checkbox"/>	<input type="checkbox"/>	a chanting & meditation service
<input type="checkbox"/>	<input type="checkbox"/>	welcoming & community building
<input type="checkbox"/>	<input type="checkbox"/>	social justice (Tikkun Olam)
<input type="checkbox"/>	<input type="checkbox"/>	women's group
<input type="checkbox"/>	<input type="checkbox"/>	men's group
<input type="checkbox"/>	<input type="checkbox"/>	55+ planning & programming (HAZAK)
<input type="checkbox"/>	<input type="checkbox"/>	LGBTQIA+ planning & programming
<input type="checkbox"/>	<input type="checkbox"/>	adult learning & study opportunities
<input type="checkbox"/>	<input type="checkbox"/>	young family connections & engagement
<input type="checkbox"/>	<input type="checkbox"/>	ECP parent involvement
<input type="checkbox"/>	<input type="checkbox"/>	Religious School parent involvement
<input type="checkbox"/>	<input type="checkbox"/>	synagogue leadership
<input type="checkbox"/>	<input type="checkbox"/>	choir participation
<input type="checkbox"/>	<input type="checkbox"/>	teaching Judaic subjects

What are you interested in offering?

Adult 1	Adult 2	
<input type="checkbox"/>	<input type="checkbox"/>	read Torah
<input type="checkbox"/>	<input type="checkbox"/>	read Haftarah
<input type="checkbox"/>	<input type="checkbox"/>	lead weekday minyan
<input type="checkbox"/>	<input type="checkbox"/>	lead Kabbalat Shabbat services
<input type="checkbox"/>	<input type="checkbox"/>	lead Shabbat Morning services
<input type="checkbox"/>	<input type="checkbox"/>	lead Shiva minyan AM / PM (circle one)
<input type="checkbox"/>	<input type="checkbox"/>	act as Gabbai Rishon / Sheni (circle one)
<input type="checkbox"/>	<input type="checkbox"/>	help make a Minyan in the synagogue
<input type="checkbox"/>	<input type="checkbox"/>	help make a Minyan for Shiva
<input type="checkbox"/>	<input type="checkbox"/>	host Shabbat dinner / lunch (circle one)
<input type="checkbox"/>	<input type="checkbox"/>	host Shabbat guests overnight
<input type="checkbox"/>	<input type="checkbox"/>	safrut (Torah calligraphy)
<input type="checkbox"/>	<input type="checkbox"/>	skills in gardening & landscaping
<input type="checkbox"/>	<input type="checkbox"/>	development/fundraising skills
<input type="checkbox"/>	<input type="checkbox"/>	graphic design/marketing skills
<input type="checkbox"/>	<input type="checkbox"/>	event planning
<input type="checkbox"/>	<input type="checkbox"/>	other: _____
<input type="checkbox"/>	<input type="checkbox"/>	other: _____