



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

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

*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 (Observer)	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"/>	Conversion to Judaism
<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"/>	social justice
<input type="checkbox"/>	<input type="checkbox"/>	adult learning & study opportunities
<input type="checkbox"/>	<input type="checkbox"/>	choir
		<u>Affinity Groups:</u>
<input type="checkbox"/>	<input type="checkbox"/>	Interfaith
<input type="checkbox"/>	<input type="checkbox"/>	LGBTQIA+
<input type="checkbox"/>	<input type="checkbox"/>	Jews of Color
<input type="checkbox"/>	<input type="checkbox"/>	The Under 30 Club
<input type="checkbox"/>	<input type="checkbox"/>	Singles
<input type="checkbox"/>	<input type="checkbox"/>	Young Families
<input type="checkbox"/>	<input type="checkbox"/>	HAZAK (age 55+)
<input type="checkbox"/>	<input type="checkbox"/>	Women of GJC
<input type="checkbox"/>	<input type="checkbox"/>	Men's Club

### What are you interested in offering?

Adult 1	Adult 2	
<input type="checkbox"/>	<input type="checkbox"/>	read Torah/Haftarah (circle one or both)
<input type="checkbox"/>	<input type="checkbox"/>	read Haftarah
<input type="checkbox"/>	<input type="checkbox"/>	attend 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"/>	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"/>	teach Judaic subjects
<input type="checkbox"/>	<input type="checkbox"/>	gardening & landscaping skills
<input type="checkbox"/>	<input type="checkbox"/>	development/fundraising skills graphic
<input type="checkbox"/>	<input type="checkbox"/>	design/marketing skills
<input type="checkbox"/>	<input type="checkbox"/>	building / architecture skills
<input type="checkbox"/>	<input type="checkbox"/>	other: _____
<input type="checkbox"/>	<input type="checkbox"/>	other: _____
<input type="checkbox"/>	<input type="checkbox"/>	other: _____
<input type="checkbox"/>	<input type="checkbox"/>	other: _____