



# adas israel CONGREGATION

## APPLICATION for MEMBERSHIP

### NAME(S)

First Adult \_\_\_\_\_  
*First Middle/Maiden Last "Nickname"*

Second Adult \_\_\_\_\_  
*First Middle/Maiden Last "Nickname"*

Street Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ (Unlisted \_\_\_ yes \_\_\_ no) Primary Home E-mail Address \_\_\_\_\_

**MARITAL STATUS** \_\_\_\_\_ Single \_\_\_\_\_ Married Date of Marriage \_\_\_\_\_

### INFORMATION ABOUT FIRST ADULT

Full Hebrew Name (including parents) \_\_\_\_\_

\_\_\_\_\_ Kohane \_\_\_\_\_ Levi \_\_\_\_\_ Yisrael

Birthday: Month/Day/Year \_\_\_\_\_

Occupation \_\_\_\_\_

Place of Employment \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work E-mail Address \_\_\_\_\_

### RELIGIOUS BACKGROUND

Can you recite the Brachot for the Torah? \_\_\_\_\_ yes \_\_\_\_\_ no

Can you read Torah? \_\_\_\_\_ yes \_\_\_\_\_ no

Can you chant a Haftarah? \_\_\_\_\_ yes \_\_\_\_\_ no

Can you lead a Daily Service? \_\_\_\_\_ yes \_\_\_\_\_ no

Did you grow up... \_\_\_\_\_ Conservative \_\_\_\_\_ Reform \_\_\_\_\_ Orthodox

If you converted to Judaism, in what year? \_\_\_\_\_

If you are not Jewish, what denomination are you? \_\_\_\_\_

Have you been a member of another synagogue? \_\_\_\_\_ yes \_\_\_\_\_ no

Name of Synagogue/Location \_\_\_\_\_

Are you currently a member of another synagogue? \_\_\_\_\_ yes \_\_\_\_\_ no

Name of Synagogue/Location \_\_\_\_\_

### INFORMATION ABOUT SECOND ADULT

Full Hebrew Name (including parents) \_\_\_\_\_

\_\_\_\_\_ Kohane \_\_\_\_\_ Levi \_\_\_\_\_ Yisrael

Birthday: Month/Day/Year \_\_\_\_\_

Occupation \_\_\_\_\_

Place of Employment \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work E-mail Address \_\_\_\_\_

### RELIGIOUS BACKGROUND

Can you recite the Brachot for the Torah? \_\_\_\_\_ yes \_\_\_\_\_ no

Can you read Torah? \_\_\_\_\_ yes \_\_\_\_\_ no

Can you chant a Haftarah? \_\_\_\_\_ yes \_\_\_\_\_ no

Can you lead a Daily Service? \_\_\_\_\_ yes \_\_\_\_\_ no

Did you grow up... \_\_\_\_\_ Conservative \_\_\_\_\_ Reform \_\_\_\_\_ Orthodox

If you converted to Judaism, in what year? \_\_\_\_\_

If you are not Jewish, what denomination are you? \_\_\_\_\_

Have you been a member of another synagogue? \_\_\_\_\_ yes \_\_\_\_\_ no

Name of Synagogue/Location \_\_\_\_\_

Are you currently a member of another synagogue? \_\_\_\_\_ yes \_\_\_\_\_ no

Name of Synagogue/Location \_\_\_\_\_

## FAMILY INFORMATION

### CHILDREN

Please list in order of age (oldest to youngest). For additional children, please attach separate sheet.

First Name	1. _____	2. _____	3. _____	4. _____
Last Name	_____	_____	_____	_____
Nickname	_____	_____	_____	_____
Hebrew Name	_____	_____	_____	_____
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Birthday	_____	_____	_____	_____
Lives at Home?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Married?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Phone Number	_____	_____	_____	_____
Attend(ed) Gan Hayed?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Attend(ed) Melvin Gelman Religious School?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Grade in School (public/day)	_____	_____	_____	_____

### ARE YOU RELATED TO OTHER MEMBERS OF ADAS ISRAEL?

_____	_____	_____
Name	Name	Name
_____	_____	_____
Relationship	Relationship	Relationship

### DECEASED FAMILY MEMBERS

To be included on Yahrzeit lists. For additional family members, please attach separate sheet.

#### FIRST ADULT

#### SECOND ADULT

First Name of Deceased	1. _____	2. _____	1. _____	2. _____
Last Name of Deceased	_____	_____	_____	_____
Hebrew Name of Deceased (if known)	_____	_____	_____	_____
Your Relationship to Deceased	_____	_____	_____	_____
Civil Date of Death (month/day/year)	_____	_____	_____	_____
Hebrew Date of Death (month/day/year)	_____	_____	_____	_____

### DO YOU HAVE CEMETERY PLOTS?

#### FIRST ADULT

#### SECOND ADULT

<input type="checkbox"/> yes Where? _____	<input type="checkbox"/> yes Where? _____
<input type="checkbox"/> no	<input type="checkbox"/> no

**WOULD YOU LIKE INFORMATION ABOUT...?**

	FIRST ADULT	SECOND ADULT
Adult Bar/Bat Mitzvah	_____	_____
Cemetery	_____	_____
Gan HaYeled Nursery School	_____	_____
HAZAK (ages 55+)	_____	_____
Keshet (30's and 40's)	_____	_____
Ketubah Klub (couples, ages 21-35)	_____	_____
Life Long Learning (Adult Education)	_____	_____
Melvin Gelman Religious School	_____	_____
Men's Club	_____	_____
Mikvah	_____	_____
Seniors Activities	_____	_____
Sisterhood	_____	_____
Social Action	_____	_____
YP@AI (ages 21-35)	_____	_____
Youth Activities	_____	_____
Other _____		
_____		
_____		

**WOULD YOU LIKE TO VOLUNTEER FOR A PROGRAM OR COMMITTEE?**

	FIRST ADULT	SECOND ADULT
Bereavement	_____	_____
Fund Raising	_____	_____
Gan HaYeled Parents Association	_____	_____
Green / Environment	_____	_____
Hesed Project	_____	_____
House, Grounds and Security	_____	_____
Library	_____	_____
Membership	_____	_____
Publicity / Public Relations	_____	_____
Religious School PTA	_____	_____
Social Action / Tikkun Olam	_____	_____
World Jewish Affairs	_____	_____
Youth Activities	_____	_____
Other _____		

**DO YOU HAVE HOBBIES, SKILLS, OR TALENTS THAT YOU MIGHT LIKE TO SHARE?**

(e.g., ability to teach Hebrew; sing or play a musical instrument; speak about your profession)?

**FIRST ADULT**

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**SECOND ADULT**

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**WHY DID YOU SELECT ADAS ISRAEL?**

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APPLICATION for MEMBERSHIP



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Fax: 202 362 4961

[www.adasisrael.org](http://www.adasisrael.org)

AFFILIATED WITH UNITED SYNAGOGUE OF CONSERVATIVE JUDAISM

PERSON TO CONTACT IN AN EMERGENCY

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

SIGNATURE

Please accept my application for membership in Adas Israel Congregation.  
In consideration of the pledges of others, I agree to contribute the annual membership dues, building fund, and other fees as approved by the congregation.

\_\_\_\_\_  
Signature First Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Second Adult

\_\_\_\_\_  
Date

We respect your right to privacy and therefore are requesting your permission for the following:  
I give Adas Israel permission to use photographs of my family on the synagogue website and in print materials. \_\_\_ yes \_\_\_ no

The first year membership dues must accompany this application (fee schedule enclosed). You will automatically receive a subscription to our newsletter, *The Chronicle*, upon joining the congregation and you will be welcomed in *The Chronicle*.

FOR OFFICE USE ONLY

\_\_\_\_\_  
Approved

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dues/Code