

Family Last Name

Date of Application



CONGREGATION MICKVE ISRAEL

MEMBERSHIP APPLICATION

Personal Information

	Adult A <input type="checkbox"/> Male <input type="checkbox"/> Female	Adult B <input type="checkbox"/> Male <input type="checkbox"/> Female
Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other _____	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other _____
Full Name		
Is there a different name you would like to be addressed by?		
Personal Status	<input type="checkbox"/> Single <input type="checkbox"/> Married _____ (date) <input type="checkbox"/> Partnered <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other _____	
Date of Birth		

Contact Information

How would you like your name(s) to appear on Temple mailings? We will do our best to accommodate your request within system capabilities.

Name(s) :		
Home address :		
City / State / Zip :		
Home Phone :	Adult A Cell Phone :	Adult B Cell Phone :
Adult A E-mail :	Adult B E-mail:	

I would like to receive Temple communications via e-mail.

Business Information	Adult A	Adult B
Job Title		
Employer		
Type of Business/Industry		
Business Address		
Business Phone		
Business E-mail		

Religious Background	Adult A	Adult B
Religious background in which you were raised:	<input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Other _____ <input type="checkbox"/> Jewish unaffiliated	<input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Other _____ <input type="checkbox"/> Jewish unaffiliated
Have you ever been a member of another synagogue? If so, please list the name and time period during which you were a member.		

Children Information					
Full Name	Address <small>(If different from parent)</small>	Sex	Grade	Bar/Bat Mitzvah	Birthdate

Parent Information	Adult A	Adult B
Mother's Full Name		
Address		
If deceased, date of death		
Father's Full Name		
Address		
If deceased, date of death		

Yahrzeit Information				
Full Name	Date of Death	Relative to be notified	Relationship to member	Memorial Plaque/ Location

We Would Like To Get To Know You Better!

How did you learn about Congregation Mickve Israel?

Do you have any other family members at Mickve Israel? If so, who?

Do you know other members of Mickve Israel? If so, who?

Please tell us your main reasons for choosing to join Congregation Mickve Israel :

What are your expectations as a member of Mickve Israel? What would make your membership experience fulfilling?

Please write a brief introduction to yourself for our monthly newsletter, *Contact*, so that our congregants may get to know you and welcome you

Do you or any member of your family have any physical challenges or special needs you would like us to be aware of?

Do you have any other specific needs, requests, or concerns you would like us to be aware of or discuss with you?

Interests & Expertise

Please tell us about any community involvement experience you may have : _____

Please tell us about any volunteer service experience you may have : _____

Please tell us about any prior experience you have serving on a synagogue committee. _____

Please check all that apply, and write Adult A or B
in the space provided.

Example: Computer/Technical A

Professional Expertise

- | | | |
|---|--|--|
| <input type="checkbox"/> Accounting _____ | <input type="checkbox"/> Grant Writing _____ | <input type="checkbox"/> Marketing _____ |
| <input type="checkbox"/> Administrative _____ | <input type="checkbox"/> Graphic Design _____ | <input type="checkbox"/> Mechanical/Building _____ |
| <input type="checkbox"/> Architectural _____ | <input type="checkbox"/> Human Resources _____ | <input type="checkbox"/> Retail _____ |
| <input type="checkbox"/> Computer/Technical _____ | <input type="checkbox"/> Legal _____ | <input type="checkbox"/> Sponsorship/Sales _____ |
| <input type="checkbox"/> Event Planning _____ | <input type="checkbox"/> Maintenance _____ | <input type="checkbox"/> Woodworking _____ |
| <input type="checkbox"/> Fundraising _____ | <input type="checkbox"/> Management _____ | <input type="checkbox"/> Other : _____ |

Other Expertise

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Artistic Design _____ | <input type="checkbox"/> Decorating _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Baking _____ | <input type="checkbox"/> Editing _____ | |
| <input type="checkbox"/> Cooking _____ | <input type="checkbox"/> Sewing _____ | |

Talents

- | | | |
|---|---|-------------|
| <input type="checkbox"/> Artistic _____ | <input type="checkbox"/> Musical - Instrumental _____ | Other _____ |
| <input type="checkbox"/> Literary _____ | <input type="checkbox"/> Musical - Vocal _____ | |

Participation

There is a strong tradition of volunteerism at Congregation Mickve Israel and we hope that new members will become part of that tradition by participating in one or more of the opportunities listed below.

I/we would like to be involved in the following activities :

A	B		
<input type="checkbox"/>	<input type="checkbox"/>	Building & Grounds Committee	Maintains and improves facilities
<input type="checkbox"/>	<input type="checkbox"/>	Choir	Sing during services & special events
<input type="checkbox"/>	<input type="checkbox"/>	Docent / Tour Guide	Gives tours of sanctuary and museum
<input type="checkbox"/>	<input type="checkbox"/>	Food Fest Committee	Participate in planning and execution of the largest temple event: the Shalom Y'all Jewish Food Festival
<input type="checkbox"/>	<input type="checkbox"/>	Membership Committee	Promotes new membership and participation of members in Temple life & activities
<input type="checkbox"/>	<input type="checkbox"/>	Museum Committee	Helps with decisions regarding materials to be displayed in our museum, maintenance of displays, and sponsorship of special programs related to our history
<input type="checkbox"/>	<input type="checkbox"/>	Public Worship	Provides ritual supplies as needed by Rabbi, plans musical programs and volunteer choir performances, plans and implements unique Sabbath and holiday events
<input type="checkbox"/>	<input type="checkbox"/>	Sisterhood	Auxiliary support group of female members of the congregation
<input type="checkbox"/>	<input type="checkbox"/>	Social Action Committee	Blending many concepts, such as tzedakah, (charity/justice), tikkun olam (repairing the world), and gemilut hasadim (acts of loving-kindness), Social Action is ingrained in the fabric of our congregation. Special events, learning programs, guest speakers, calls for donations and volunteer opportunities help congregants strengthen their ties to their neighbors and the greater world.
<input type="checkbox"/>	<input type="checkbox"/>	Ushers	Assist worship attendees with prayer books and seating
<input type="checkbox"/>	<input type="checkbox"/>	Young Adults Group	Plans and implements programs and social events for teens, young single adults, and young families
<input type="checkbox"/>	<input type="checkbox"/>	Staff Volunteer	Assists the Temple's administrative staff and the Rabbi by helping with mailings, phone calls, and other administrative tasks

Upon receipt of the completed activity involvement form, someone from the group(s) you have chosen will be in contact with you.

Membership Dues Information & Affirmation

Membership Eligibility :

To be a member of Congregation Mickve Israel, an applicant must be of the Jewish faith, twenty-one (21) years of age or older or married and willing to follow the tenets of Reform Judaism as practiced by this Congregation. For Family members, it is not necessary for every member of the family to be of the Jewish faith; Congregation Mickve Israel welcomes interfaith families. An Associate member must be a full dues paying member in good standing at a congregation affiliated with any of the official Jewish movements. If you are applying for Associate membership, please provide the following information about the other congregation where you are currently a member :

Synagogue Name : _____
 Location : _____ Telephone Number : _____

Membership Categories (Indicate One) :

- | | | | |
|--|---------|--|--------|
| <input type="checkbox"/> Family * | \$1,530 | <input type="checkbox"/> Associate Family | \$560 |
| <input type="checkbox"/> Family (30-35 yrs) | \$850 | <input type="checkbox"/> Associate Single | \$510 |
| <input type="checkbox"/> Family (29 yrs and under) | \$600 | <input type="checkbox"/> Single Adult | \$1000 |
| <input type="checkbox"/> Military Family, U.S. Active Duty | \$110 | <input type="checkbox"/> Single Adult (30-35 yrs) | \$550 |
| <input type="checkbox"/> Military Single, U.S. Active Duty | \$36 | <input type="checkbox"/> Single Adult (29 yrs and under) | \$175 |
| | | <input type="checkbox"/> Student ** | \$110 |

Mickve Israel dues are based on the calendar year & are pro-rated monthly.

Note: No prospective or current member is denied membership because of financial hardship.

*A family member shall consist of married persons or other domestic partners who are economically and emotionally committed to each other and their children who are dependent and/or living in their household or a single adult individual and his/her children who are dependent and/or living in his/her household. At least one adult member of the household shall be Jewish.
 ** A Student is an individual who is under 30 years of age and taking a minimum of 12 credit hours or the equivalent, per semester, at the post-high school level.

Membership Affirmation :

Desiring affiliation with Congregation Mickve Israel of Savannah, Georgia, and meeting the criteria of membership as described above, I/we hereby apply for membership in Congregation Mickve Israel. If elected, I/we agree to conform to its Constitution and By-Laws in all aspects and its practices of Reform Judaism.

Signed : _____

Date : _____

Signed : _____

Date : _____

Please note that membership applications are reviewed on a monthly basis by the Congregation's Board of Adjunta. We will make every attempt to act promptly on your application.

Return your membership application to:

Congregation Mickve Israel

PO Box 816

Savannah, GA 31402

or jennifer.rich@mickveisrael.org