



NORTHSHORE JEWISH CONGREGATION
 1403 N. Causeway Blvd. Mandeville, LA 70471
MEMBERSHIP APPLICATION



Application date _____

Welcome to The Northshore Jewish Congregation. We are delighted you have chosen to become part of our community. We hope that you will find membership an enriching experience and encourage you to explore the diverse opportunities for Jewish expression that NJC offers. Please call upon our clergy, staff, and lay leaders whenever we can assist you in becoming part of our NJC family. All information in this application will be treated confidentially. Please call our office at 985-951-7976 or email admin@northshorejewish.org if you have any questions at all or need assistance in filling out this application. *Stay up to date with NJC: Follow us on Facebook – or – log on 24/7 to www.NorthshoreJewish.ORG*

Personal Information

| | ADULT APPLICANT 1 <input type="checkbox"/> Male <input type="checkbox"/> Female | ADULT APPLICANT 2 <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 | | |
| By what first name to you wish to be addressed (if different from above)? | | |
| Personal Status | <input type="checkbox"/> Single <input type="checkbox"/> Married _____(date) <input type="checkbox"/> Other _____ | <input type="checkbox"/> Partnered <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed |
| Hebrew Name (if known) | | |
| Date of Birth | | |
| Birthplace | | |
| Former city and state of residence | | |
| Special Accommodations needed | <input type="checkbox"/> Visual impairment (large print prayer book) <input type="checkbox"/> Auditory impairment (assisted hearing devices) <input type="checkbox"/> Physically challenged <input type="checkbox"/> Other _____ | <input type="checkbox"/> Visual impairment (large print prayer book) <input type="checkbox"/> Auditory impairment (assisted hearing devices) <input type="checkbox"/> Physically challenged <input type="checkbox"/> Other _____ |
| Community Affiliations | | |

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: _____

Phone: _____ Fax: _____

Cell Phone 1: _____ Cell Phone 2: _____

Email 1: _____ Email 2: _____

I would like to receive temple communications via email.

I would like to receive temple communications via email.

Religious Background

| | Adult Applicant 1 | Adult Applicant 2 |
|---|---|---|
| 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 |
| If you became Jewish as an adult | | |
| Date, Congregation, City | | |
| Bar/Bat Mitzvah (if applicable) | | |
| Date, Congregation, City | | |
| Confirmation (if applicable) | | |
| Date, Congregation, City | | |
| Congregation most recently or currently affiliated with | | |
| Please list any relatives who are currently members of NJC | | |
| Have you ever been a member of another synagogue? If so, when? | | |

Business Information

| | Adult Applicant 1 | Adult Applicant 2 |
|------------------------|-------------------|-------------------|
| Occupation/Title | | |
| Area of specialization | | |
| Employer | | |
| Address | | |
| City, State, Zip | | |
| Business Phone | | |
| Business Fax | | |
| Business Email | | |

Yahrzeit Information

| Name | Date of death Before/After sundown | Family Relationship |
|------|---------------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |

Please attach a separate sheet for additional names.

Request information on memorial plaque at admin@northshorejewish.org .

Children's Information

| | Child 1 <input type="checkbox"/> Male <input type="checkbox"/> Female | Child 2 <input type="checkbox"/> Male <input type="checkbox"/> Female | Child 3 <input type="checkbox"/> Male <input type="checkbox"/> Female | Child 4 <input type="checkbox"/> Male <input type="checkbox"/> Female |
|---|---|---|---|---|
| First and middle name | | | | |
| Last name (if different) | | | | |
| Hebrew name (if known) | | | | |
| Birth date (and grade if applicable) | | | | |
| Address (if not living with you) | | | | |
| Marital status | <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partnered | <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partnered | <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partnered | <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partnered |
| Is this child being raised in the Jewish faith? | <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 |
| Will this child be attending Religious School at _____? | <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 |
| Bar/Bat Mitzvah: Date, Congregation, City | | | | |
| Confirmation: Date, Congregation, City | | | | |
| If previously attended Religious School, list Congregation and City | | | | |

If you have more than four children, please attach an additional page.

Emergency Contact Information

Adult 1 Name: _____

Phone: _____ Relationship: _____

Address: _____ City: _____ State: _____

Dr. Name & Phone: _____

Health Care Proxy: _____

Adult 2 Name: _____

Phone: _____ Relationship: _____

Address: _____ City: _____ State: _____

Dr. Name & Phone: _____

Health Care Proxy: _____

Opportunity for Participation

At _____, we believe that joining a congregation is a spiritual and emotional commitment. We encourage all congregants to become involved in all aspects of life in our congregational community. In furthering this ideal, we request that upon signing this application you commit to participate in congregational life. Please indicate which of these areas interest you by checking the appropriate box or boxes. Your participation will help strengthen the community and will make your temple experience more meaningful. You will be contacted by a congregation member with more information.

- | | | |
|---|---|--|
| <input type="checkbox"/> Adult Learning | <input type="checkbox"/> Holiday Celebrations and/or decoration | <input type="checkbox"/> Couples Club |
| <input type="checkbox"/> Budget and Finance | <input type="checkbox"/> Assisting with office work | <input type="checkbox"/> Informal Youth Activities |
| <input type="checkbox"/> Social Action & Mitzvah Projects | <input type="checkbox"/> Religious School Activities & projects | <input type="checkbox"/> Library |
| <input type="checkbox"/> Communications & Publicity | <input type="checkbox"/> Visiting the Sick and Bereaved | <input type="checkbox"/> Bulletin Writing, Editing |
| <input type="checkbox"/> Maintenance & Building Repair | <input type="checkbox"/> Sisterhood/Women of Reform Judaism | <input type="checkbox"/> Fund Raising |
| <input type="checkbox"/> Music – Choir or Band | <input type="checkbox"/> Men’s Club | <input type="checkbox"/> |

Talent and Interest Survey

- | | | | | | | |
|--------------------------------------|---------------------------------|-----------------------------------|------------------------------------|--|---|--|
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Music | <input type="checkbox"/> Painting | <input type="checkbox"/> Gardening | <input type="checkbox"/> Electrical | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Israeli Dancing |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Baking | <input type="checkbox"/> Driving | <input type="checkbox"/> Carpentry | <input type="checkbox"/> Sewing/Needlework | <input type="checkbox"/> Art | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Other _____ | | | | | | |

What are your passions? What are your interests?

FEE SCHEDULE:

| <u>Membership Level:</u> | <u>Single</u> | <u>Family/Household</u> |
|--------------------------|---------------|-------------------------|
| Introductory | \$450 | \$700 |
| Associate | \$410 | \$630 |
| Regular | \$850 | \$1,300 |

Applicant 1: I, _____, am applying to become a member of

The Northshore Jewish Congregation

Signature _____ Date _____

Applicant 2: I, _____, am applying to become a member of

The Northshore Jewish Congregation

Signature _____ Date _____

(If you need to make arrangements for payment, please contact NJC Treasurer John Valentino at jvalent940@aol.com
Or call him at (985) 630 – 4794.)