



**THE REFORM TEMPLE  
OF ROCKLAND**  
*Brighter Together.*

330 North Highland Avenue  
Upper Nyack, NY 10960  
Phone: (845) 358-2248/Fax: (845) 358-3450

## Application for Membership

### FAMILY INFORMATION

**Adult 1 First Name** \_\_\_\_\_ **Adult 1 Last Name** \_\_\_\_\_  Male  Female

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Married/Partnered Date \_\_\_\_\_  Single  Divorced  Widowed

Occupation/Position \_\_\_\_\_

Business Name \_\_\_\_\_ Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_ Business Email \_\_\_\_\_

Hebrew Name (if known) \_\_\_\_\_ Parent's Hebrew Names (if known) \_\_\_\_\_

Previous Temple Affiliation/Dates \_\_\_\_\_

Religious Upbringing:  Reform  Reconstructionist  Conservative  Orthodox  Unaffiliated

If not Jewish, what religious upbringing? \_\_\_\_\_

RTR considers Jews by Choice to be Jewish in every way. If you became Jewish by choice what was the date of your conversion? \_\_\_\_\_

**Adult 2 First Name** \_\_\_\_\_ **Adult 2 Last Name** \_\_\_\_\_  Male  Female

Date of Birth \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Occupation/Position \_\_\_\_\_

Business Name \_\_\_\_\_ Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_ Business Email \_\_\_\_\_

Hebrew Name (if known) \_\_\_\_\_ Parent's Hebrew Names (if known) \_\_\_\_\_

Previous Temple Affiliation/Dates \_\_\_\_\_

Religious Upbringing:  Reform  Reconstructionist  Conservative  Orthodox  Unaffiliated

If not Jewish, what religious upbringing? \_\_\_\_\_

RTR considers Jews by Choice to be Jewish in every way. If you became Jewish by choice what was the date of your conversion? \_\_\_\_\_



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### FAMILY INFORMATION

<p><b>Child 1 Full Name</b> _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth _____</p> <p>Grade (as of today) _____ Child's Email _____</p> <p>Hebrew Name (if known) _____</p> <p>Parents' Names (if different) _____ Parents' Hebrew Names if different _____</p>
<p><b>Child 2 Full Name</b> _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth _____</p> <p>Grade (as of today) _____ Child's Email _____</p> <p>Hebrew Name (if known) _____</p> <p>Parents' Names (if different) _____ Parents' Hebrew Names if different _____</p>
<p><b>Child 3 Full Name</b> _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth _____</p> <p>Grade (as of today) _____ Child's Email _____</p> <p>Hebrew Name (if known) _____</p> <p>Parents' Names (if different) _____ Parents' Hebrew Names if different _____</p>
<p><b>Child 4 Full Name</b> _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth _____</p> <p>Grade (as of today) _____ Child's Email _____</p> <p>Hebrew Name (if known) _____</p> <p>Parents' Names (if different) _____ Parents' Hebrew Names if different _____</p>

Please check here if Children's names are continued on a separate sheet

**Special Needs:** If anyone in your family has special needs which we can accommodate, please let us know (assisted hearing devices, large print prayer books, or wheelchair):

Name \_\_\_\_\_ Accommodation \_\_\_\_\_

Name \_\_\_\_\_ Accommodation \_\_\_\_\_

Name \_\_\_\_\_ Accommodation \_\_\_\_\_



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### Y A H R Z E I T I N F O R M A T I O N

Yahrzeits are observed and announced at the Shabbat service immediately following the anniversary date of death. Please provide information for loved ones whose names you would like to be read aloud each year:

Congregant/Observer: \_\_\_\_\_

- Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Month/Day/Year of death: \_\_\_\_\_  Before sundown  After sundown
- Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Month/Day/Year of death: \_\_\_\_\_  Before sundown  After sundown
- Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Month/Day/Year of death: \_\_\_\_\_  Before sundown  After sundown
- Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Month/Day/Year of death: \_\_\_\_\_  Before sundown  After sundown

Congregant/Observer: \_\_\_\_\_

- Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Month/Day/Year of death: \_\_\_\_\_  Before sundown  After sundown
- Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Month/Day/Year of death: \_\_\_\_\_  Before sundown  After sundown
- Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Month/Day/Year of death: \_\_\_\_\_  Before sundown  After sundown
- Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Month/Day/Year of death: \_\_\_\_\_  Before sundown  After sundown

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## ACTIVITIES OF INTEREST

I/we would like to know more about the following activities:

Adult 1 - Full Name: \_\_\_\_\_ Adult 2 - Full Name: \_\_\_\_\_

<p><b>Adult Education:</b> Plans courses, programs and Educational outings as part of the Temple's commitment to lifelong Jewish Learning. <input type="checkbox"/> Adult 1    <input type="checkbox"/> Adult 2</p> <p><b>Building &amp; Grounds:</b> Coordinates the maintenance of our building and property, establishes regulations for the use of the facilities, and oversees administrative functions. <input type="checkbox"/> Adult 1    <input type="checkbox"/> Adult 2</p> <p><b>Brit Olam:</b> Teams with national organizations to advocate policy changes such as gun reform, immigrant support. <input type="checkbox"/> Adult 1    <input type="checkbox"/> Adult 2</p> <p><b>Caring &amp; Inclusion Initiative:</b> Makes possible "acts of loving kindness" on behalf of the congregation to members marking simchas or suffering losses. <input type="checkbox"/> Adult 1    <input type="checkbox"/> Adult 2</p> <p><b>Car Club:</b> Meets on and off campus to discuss and view all things automotive. <input type="checkbox"/> Adult 1    <input type="checkbox"/> Adult 2</p>	<p><b>College:</b> Conducts outreach to our college students through holiday mailings and email. <input type="checkbox"/> Adult 1    <input type="checkbox"/> Adult 2</p> <p><b>Choir/Band:</b> Performs at special services or events at the Temple. <input type="checkbox"/> Adult 1    <input type="checkbox"/> Adult 2</p> <p><b>College:</b> Conducts outreach to our college students through holiday mailings and email, and provides information about national Reform Jewish college activities. <input type="checkbox"/> Adult 1    <input type="checkbox"/> Adult 2</p> <p><b>Finance:</b> Monitors the financial condition of the Temple, advises the treasurer, recommends investments, and assists in the preparation of annual budget. <input type="checkbox"/> Adult 1    <input type="checkbox"/> Adult 2</p> <p><b>Fundraising:</b> Plans events and programs intended to raise additional revenue for our congregation. <input type="checkbox"/> Adult 1    <input type="checkbox"/> Adult 2</p>	<p><b>Judaica (Gift Shop):</b> Runs the gift shop and is responsible for its merchandise. Volunteers are needed for our holiday sales. <input type="checkbox"/> Adult 1    <input type="checkbox"/> Adult 2</p> <p><b>Library:</b> Oversees and organizes the books in our library. <input type="checkbox"/> Adult 1    <input type="checkbox"/> Adult 2</p> <p><b>Marketing:</b> Facilitates the flow of information to congregants and potential members through local newspapers, website, etc. <input type="checkbox"/> Adult 1    <input type="checkbox"/> Adult 2</p> <p><b>Membership:</b> Disseminates information about our Temple community to potential members and welcomes new members. <input type="checkbox"/> Adult 1    <input type="checkbox"/> Adult 2</p> <p><b>Men's Club:</b> Provides an atmosphere of social, fraternal, cultural and educational opportunities for men within our synagogue as well as for the congregation as a whole. <input type="checkbox"/> Adult 1    <input type="checkbox"/> Adult 2</p>	<p><b>Ritual:</b> In consultation with the clergy, considers matters affecting the religious life of the congregation. <input type="checkbox"/> Adult 1    <input type="checkbox"/> Adult 2</p> <p><b>Religious School:</b> Along with the School Director and Rabbi, takes responsibility for the education of our children, who represent the future of our Jewish community. <input type="checkbox"/> Adult 1    <input type="checkbox"/> Adult 2</p> <p><b>Social Action:</b> Informs the congregation about issues; initiates programs with the goal of "tikkun olam" the perfecting of our world. <input type="checkbox"/> Adult 1    <input type="checkbox"/> Adult 2</p> <p><b>WRJ/Sisterhood:</b> Sponsors activities and events that promote Jewish values and encompass the diverse social, educational, cultural and charitable interests of the membership. <input type="checkbox"/> Adult 1    <input type="checkbox"/> Adult 2</p> <p><b>Youth:</b> Gives direction to and assists the Youth Advisors in carrying out the many Youth Group activities. <input type="checkbox"/> Adult 1    <input type="checkbox"/> Adult 2</p>
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Membership categories (provided on the Annual Dues and Tuition Schedule) are designed to give our families an opportunity to support RTR consistent with their ability. Please note that all membership commitments are for a full year which begins July 1. Membership is continuous unless the Temple is notified of a resignation in writing.

I/we hereby apply for membership in The Reform Temple of Rockland.

Adult 1 Signature \_\_\_\_\_

Adult 2 Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_