

HERZL-NER TAMID MEMBERSHIP INFORMATION

Member One:

Name: Title _____ First _____ M.I. _____ Last _____ Nickname _____ Male Female

Transliterated Hebrew Name (English letters, including parents' names) _____

Jewish? Yes / No Kohen / Levi / Yisrael

Email Address _____ May we list your email in the Congregational Directory? Yes No

Cell Phone (_____) _____ - _____ Birth Date _____ / _____ / _____

Occupation _____ At _____

Work Phone (_____) _____ - _____ Emergency only? Yes No Work email _____ Emergency only? Yes No

Member Two:

Name: Title _____ First _____ M.I. _____ Last _____ Nickname _____ Male Female

Transliterated Hebrew Name (English letters, including parents' names) _____

Jewish? Yes / No Kohen / Levi / Yisrael

Email Address _____ May we list your email in the Congregational Directory? Yes No

Cell Phone (_____) _____ - _____ Birth Date _____ / _____ / _____

Occupation _____ At _____

Work Phone (_____) _____ - _____ Emergency only? Yes No Work email _____ Emergency only? Yes No

Family Information:

Home Address _____ City _____ State _____ Zip Code _____

Home Phone _____ - _____ - _____ Wedding Anniversary Date (month/day/year) _____ / _____ / _____

I/We hereby accept membership in Herzl-Ner Tamid Conservative Congregation, and I/we promise to abide by HNT's laws, customs and regulations that are now, or may thereafter, be in effect. I am aware that my photo may be used on occasion in HNT print and web images. I/We agree to pay the annual financial commitment in support of HNT's programs and services as indicated on my/our Annual Financial Commitment Form. For this year, my/our financial commitment will be \$_____.

I/We understand that the obligations of my/our membership in this congregation additionally to include the following:

- A Building Fund assessment in support of the needs, expenses and future of our campus. This assessment is \$300 per year, with a lifetime maximum of \$3,600, payable beginning Year Two of membership.
- A Security Assessment paid annually, currently \$250 per year.
- A Maintenance Assessment paid annually, currently \$100 per year.

_____ / _____ / _____ _____ / _____ / _____
Member One Signature Date Member Two Signature Date

CHILDREN'S INFORMATION

Child One

First _____ Middle _____ Last _____ Nickname _____ M F

Transliterated Hebrew Name _____ Birth Date ____ / ____ / ____ Cell Phone (____) ____ - ____

Email _____ Secular School _____ Secular School Grade _____

Child Two

First _____ Middle _____ Last _____ Nickname _____ M F

Transliterated Hebrew Name _____ Birth Date ____ / ____ / ____ Cell Phone (____) ____ - ____

Email _____ Secular School _____ Secular School Grade _____

Child Three

First _____ Middle _____ Last _____ Nickname _____ M F

Transliterated Hebrew Name _____ Birth Date ____ / ____ / ____ Cell Phone (____) ____ - ____

Email _____ Secular School _____ Secular School Grade _____

Child Four

First _____ Middle _____ Last _____ Nickname _____ M F

Transliterated Hebrew Name _____ Birth Date ____ / ____ / ____ Cell Phone (____) ____ - ____

Email _____ Secular School _____ Secular School Grade _____

Child Five

First _____ Middle _____ Last _____ Nickname _____ M F

Transliterated Hebrew Name _____ Birth Date ____ / ____ / ____ Cell Phone (____) ____ - ____

Email _____ Secular School _____ Secular School Grade _____

WELCOME TO THE HNT FAMILY!

Yahrzeit Information

(If you need assistance filling out this form, please call the synagogue office at (206) 232-8555)

Name of Deceased _____

Transliterated Hebrew Name of Deceased _____

English Date of Death (month/day/year) ____ / ____ / ____

Before Sundown After Sundown

Yahrzeit Observer? _____ Deceased Relation to Observer? _____

Name of Deceased _____

Transliterated Hebrew Name of Deceased _____

English Date of Death (month/day/year) ____ / ____ / ____

Before Sundown After Sundown

Yahrzeit Observer? _____ Deceased Relation to Observer? _____

Name of Deceased _____

Transliterated Hebrew Name of Deceased _____

English Date of Death (month/day/year) ____ / ____ / ____

Before Sundown After Sundown

Yahrzeit Observer? _____ Deceased Relation to Observer? _____

Name of Deceased _____

Transliterated Hebrew Name of Deceased _____

English Date of Death (month/day/year) ____ / ____ / ____

Before Sundown After Sundown

Yahrzeit Observer? _____ Deceased Relation to Observer? _____

If you would like information about a permanent Yahrzeit Plaque for any of your departed loved ones, please call Carol Reynolds at 206-232-8555 x208 or visit h-nt.org/plaque

WE WANT TO GET TO KNOW YOU!

Years in the Seattle area _____ Originally from _____

Previous congregational affiliations: _____ Location _____ Dates _____

What was your last synagogue experience like? Have you been active in synagogue life? If so, in what capacity?

What are your reasons for desiring membership at HNT at this time? What would you like to get from HNT?

Do you have relatives/friends who are HNT members? If so, who (include relation)? _____

Do you have any special talents or passions you would be willing to offer to serve the synagogue? _____

In what Jewish organizations are members of your family currently active? _____

Are you interested in serving on any **committees**? If so, please indicate below:

- | | |
|---|---|
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Ritual |
| <input type="checkbox"/> Budget | <input type="checkbox"/> Religious School |
| <input type="checkbox"/> Garinim (Young Families with children ages 0-5) | <input type="checkbox"/> Social Action/Social Justice |
| <input type="checkbox"/> Shtilim (Families with children in K-2nd Grade) | <input type="checkbox"/> Youth Commission |
| <input type="checkbox"/> Membership (Building community and welcoming new families) | |

Events and Programs - please indicate your interest below:

- | | |
|---|---|
| <input type="checkbox"/> Administrative support or other occasional volunteer projects in the HNT office | <input type="checkbox"/> Programming (Volunteer help for special events and holidays) |
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Shabbat Dinner Circle (Attending or hosting dinners with arranged groups) |
| <input type="checkbox"/> Daytimers (Monthly lunch & a film for ages 55+) | <input type="checkbox"/> Shabbat Greeter |
| <input type="checkbox"/> Fundraising events | <input type="checkbox"/> Shtilim (Programs for families with children in K-5th grade) |
| <input type="checkbox"/> Garinim (Programs for young families with children ages 0-5) | <input type="checkbox"/> Social Action Opportunities |
| <input type="checkbox"/> High Holiday Choir | <input type="checkbox"/> Teen Feed (A monthly program providing hot meals for homeless youth in the U District) |
| <input type="checkbox"/> Judaica Shop volunteer staff | <input type="checkbox"/> Torah Readers |
| <input type="checkbox"/> Minyanaires (A monthly Sunday Minyan featuring a little extra ruach and a friendly brunch) | <input type="checkbox"/> Women's League |
| <input type="checkbox"/> Mitzvah Corps | <input type="checkbox"/> Youth Group: Kadima (6 th -7 th grade) |
| <input type="checkbox"/> Morning Minyan (Weekdays at 7:00 AM and Sundays & Secular Holidays at 9:00 AM) | <input type="checkbox"/> Youth Group: USY (8 th -12 th grade) |