



Congregation Or Chadash

MEMBERSHIP APPLICATION

3939 N. Alvernon Way (520) 512-8500 Phone
Tucson, Arizona 85718 (520) 512-8600 Fax

www.OrChadash-Tucson.org
office@orchadash-tucson.org

Member of the Union
for Reform Judaism

*Shalom! Welcome to Congregation Or Chadash, founded in 1995 with Rabbi Thomas A. Louchheim,
"A synagogue offering a warm and welcoming Community where all can experience God."*

You are warmly encouraged to take part in the array of diverse activities. Please help us keep in touch by providing the following data.

ALL INFORMATION IS HELD IN CONFIDENCE FOR SYNGOGUE USE ONLY.

Member's full name(s): _____ Date: ____/____/____

Primary Address, City, State, Zip: _____

Phone: _____ Cell: _____

Single Divorced Widowed

Email: _____

Partnered Married—Date: ____/____/____

ADULT ONE

Name: _____ M F

Mr. Miss Ms. Mrs. Dr. Other: _____

Date of Birth: ____/____/____ Place of Birth: _____

ADULT TWO

Name: _____ M F

Mr. Miss Ms. Mrs. Dr. Other: _____

Date of Birth: ____/____/____ Place of Birth: _____

Email: _____

Cell: _____

Current Religious Tradition/Affiliation:

- Reform Conservative Orthodox Reconstr.
 Secular Non-Jewish

Current Religious Tradition/Affiliation:

- Reform Conservative Orthodox Reconstr.
 Secular Non-Jewish

Religious Tradition in which I was raised:

- Reform Conservative Orthodox Reconstr.
 Secular Non-Jewish

Religious Tradition in which I was raised:

- Reform Conservative Orthodox Reconstr.
 Secular Non-Jewish

If applicable, Hebrew name: _____

Bar/Bat Mitzvah Date:/Portion: ____/____/____

Confirmation Date: _____

Congregation/City: _____

If applicable, Hebrew name: _____

Bar/Bat Mitzvah Date:/Portion: ____/____/____

Confirmation Date: ____/____/____

Congregation/City: _____

Hebrew fluency:

- None Beginner Moderate Advanced

Hebrew fluency:

- None Beginner Moderate Advanced

Membership Information

Re-Joining New I/We learned about **COC** from: _____

Reason(s) for joining a synagogue: _____

Reason(s) for joining **COC**: _____

- Clergy Friend is member Religious School Services Life Cycle Adult Education Social Action

ADULT ONE

Secular Education: Year/Degree Institution

Associate _____

Bachelor _____

Masters _____

Doctoral _____

Occupation: _____ [] Retired

Firm Name: _____

Firm Address: _____

Business phone w/ extension: _____

Affiliations:

Professional Organizations: _____

Community/Political Organizations: _____

Jewish Organizations: _____

Foundations: _____

Other Synagogue(s):

Congregation/City: _____

_____ Years affiliated: _____

[] Reform [] Reconstr. [] Conservative [] Orthodox

Congregation/City: _____

_____ Years affiliated: _____

[] Reform [] Reconstr. [] Conservative [] Orthodox

Cemetery Arrangements:

[] I do not have a plot [] Contact me

[] I have a plot; # _____

Cemetery Name & Phone: _____

Address: _____

ADULT TWO

Secular Education: Year/Degree Institution

Associate _____

Bachelor _____

Masters _____

Doctoral _____

Occupation: _____ [] Retired

Firm Name: _____

Firm Address: _____

Business phone w/ extension: _____

Affiliations:

Professional Organizations: _____

Community/Political Organizations: _____

Jewish Organizations: _____

Foundations: _____

Other Synagogue(s):

Congregation/City: _____

_____ Years affiliated: _____

[] Reform [] Reconstr. [] Conservative [] Orthodox

Congregation/City: _____

_____ Years affiliated: _____

[] Reform [] Reconstr. [] Conservative [] Orthodox

Cemetery Arrangements:

[] I do not have a plot [] Contact me

[] I have a plot; # _____

Cemetery Name & Phone: _____

Address: _____

CHILDREN

Name: _____ M F
Date of Birth: ___/___/___ Bar/Bat Mitzvah: ___/___/___
Email: _____
Phone #: _____ Alt. Phone#: _____
Hebrew Name: _____
 Religious School Gr. _____ Grad.
Secular School/College: _____
Parent (other than household member): _____
If independent of the household member:
 Single Partnered Separated/Divorced/Widowed
 Married
Partner/Spouse Name: _____
Address: _____
Members' Grandchildren (Names/Birthdates):

Name: _____ M F
Date of Birth: ___/___/___ Bar/Bat Mitzvah: ___/___/___
Email: _____
Phone #: _____ Alt. Phone#: _____
Hebrew Name: _____
 Religious School Gr. _____ Grad.
Secular School/College: _____
Parent (other than household member): _____
If independent of the household member:
 Single Partnered Separated/Divorced/Widowed
 Married
Partner/Spouse Name: _____
Address: _____
Members' Grandchildren (Names/Birthdates):

Name: _____ M F
Date of Birth: ___/___/___ Bar/Bat Mitzvah: ___/___/___
Email: _____
Phone #: _____ Alt. Phone#: _____
Hebrew Name: _____
 Religious School Gr. _____ Grad.
Secular School/College: _____
Parent (other than household member): _____
If independent of the household member:
 Single Partnered Separated/Divorced/Widowed
 Married
Partner/Spouse Name: _____
Address: _____
Members' Grandchildren (Names/Birthdates):

Name: _____ M F
Date of Birth: ___/___/___ Bar/Bat Mitzvah: ___/___/___
Email: _____
Phone #: _____ Alt. Phone#: _____
Hebrew Name: _____
 Religious School Gr. _____ Grad.
Secular School/College: _____
Parent (other than household member): _____
If independent of the household member:
 Single Partnered Separated/Divorced/Widowed
 Married
Partner/Spouse Name: _____
Address: _____
Members' Grandchildren (Names/Birthdates):

Yahrzeit Information

Reminders & annual reading of name will be based on secular calendar.

Name: _____
Relationship to Adult One: _____
Date of Death: ___/___/___

Name: _____
Relationship to Adult One: _____
Date of Death: ___/___/___

Name: _____
Relationship to Adult One: _____
Date of Death: ___/___/___

Name: _____
Relationship to Adult One: _____
Date of Death: ___/___/___

Name: _____
Relationship to Adult One: _____
Date of Death: ___/___/___

Name: _____
Relationship to Adult One: _____
Date of Death: ___/___/___

The following are COC committees & auxiliaries; please let us know your interests.

ADULT ONE

ADULT TWO

- | | | |
|-------------------------------------------------------------------------|--------------------------|--------------------------|
| Adult Education | <input type="checkbox"/> | <input type="checkbox"/> |
| Brotherhood | <input type="checkbox"/> | <input type="checkbox"/> |
| Caring Community <i>(sharing blessings/
helping fellow members)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cemetery | <input type="checkbox"/> | <input type="checkbox"/> |
| Chavurah | <input type="checkbox"/> | <input type="checkbox"/> |
| Communications/Publicity | <input type="checkbox"/> | <input type="checkbox"/> |
| Finance, Budget & Investment | <input type="checkbox"/> | <input type="checkbox"/> |
| Fundraising/Development | <input type="checkbox"/> | <input type="checkbox"/> |
| House/Facilities | <input type="checkbox"/> | <input type="checkbox"/> |
| Library & Archives | <input type="checkbox"/> | <input type="checkbox"/> |
| Membership | <input type="checkbox"/> | <input type="checkbox"/> |
| Outreach <i>(Interfaith)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| Personnel | <input type="checkbox"/> | <input type="checkbox"/> |
| Religious School | <input type="checkbox"/> | <input type="checkbox"/> |
| Ritual/Religious Practices | <input type="checkbox"/> | <input type="checkbox"/> |
| Security | <input type="checkbox"/> | <input type="checkbox"/> |
| Sisterhood | <input type="checkbox"/> | <input type="checkbox"/> |
| Social Action | <input type="checkbox"/> | <input type="checkbox"/> |
| Community Programs | <input type="checkbox"/> | <input type="checkbox"/> |
| Food Programs | <input type="checkbox"/> | <input type="checkbox"/> |
| Operation Deep Freeze | <input type="checkbox"/> | <input type="checkbox"/> |
| Political Advocacy | <input type="checkbox"/> | <input type="checkbox"/> |
| Youth Group | <input type="checkbox"/> | <input type="checkbox"/> |

Special requests/needs: _____

Special requests/needs: _____

Skills/talents: _____

Skills/talents: _____

FOR OFFICE USE ONLY