



Membership Application

Welcome to Touro Synagogue! 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 that Touro offers. Please call upon our clergy, staff and lay leaders whenever we can assist you. All information in this application will be treated confidentially. Please call the synagogue office at 504.895.4843 should you have any questions or need assistance completing this application. We look forward to welcoming you to our Touro family, getting to know you and sharing many memories in the future.

Personal Information		
	ADULT APPLICANT 1 <input type="checkbox"/> Male <input type="checkbox"/> Female	ADULT APPLICANT 2 <input type="checkbox"/> Male <input type="checkbox"/> Female
Full Name	<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 _____
By what first name do 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
Date of Birth		
Birthplace		
Former city and state of residence		
Special Accommodations needed	<input type="checkbox"/> Visual impairment <input type="checkbox"/> Auditory impairment <input type="checkbox"/> Physically challenged <input type="checkbox"/> Other _____	<input type="checkbox"/> Visual impairment <input type="checkbox"/> Auditory impairment <input type="checkbox"/> Physically challenged <input type="checkbox"/> Other _____
Other Community Involvement		
Hebrew Name		

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

Contact Information

Name(s): _____

Home address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Cell Phone 1: _____ Cell Phone 2: _____

Email 1: _____ Email 2: _____

I would like to receive synagogue communications via email. I would like to receive synagogue communications via email.

Religious Background		
	Adult Applicant 1	Adult Applicant 2
Religious background	<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 converted to Judaism 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 Touro members		
Have you ever been a member of another synagogue? If so, when?		

Professional 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 Touro Synagogue

* You will receive a letter annually on the anniversary for anyone you write down.

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)				
Birth date				
Current grade				
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 Jewish?	<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 Touro?	<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

We believe that congregational membership at Touro is an opportunity for active spiritual, emotional, and physical participation in the full life of our synagogue community. It is our sincerest hope and expressed desire that upon joining our congregation, you will commit to participate in the richness of this synagogue experience. We invite you to indicate below which areas may interest you. If you are interested in participating in an arena not listed below, we invite you to indicate that as well. Your active involvement in the life of this synagogue is important to us. You will strengthen our community and add richness to your own experiences here. A congregation member will contact you with more information on the areas below that are of interest to you. We welcome you and look forward to having you as a part of our invested community.

- | | | |
|--|--|---|
| <input type="checkbox"/> Assisting with Office Work | <input type="checkbox"/> Adult Learning | <input type="checkbox"/> Holiday Celebrations and/or Decoration |
| <input type="checkbox"/> Library | <input type="checkbox"/> Sisterhood | <input type="checkbox"/> Religious School Activities & Projects |
| <input type="checkbox"/> Website | <input type="checkbox"/> Brotherhood | <input type="checkbox"/> Youth Group |
| <input type="checkbox"/> Communications & Publicity | <input type="checkbox"/> LGBTQAQ | <input type="checkbox"/> TNT (20s and 30s Young Adult Group) |
| <input type="checkbox"/> Bulletin Writing, Editing | <input type="checkbox"/> Choir | <input type="checkbox"/> Membership Appreciation |
| <input type="checkbox"/> Maintenance & Building Repair | <input type="checkbox"/> Mitzvah & Caring (life cycle support) | <input type="checkbox"/> Social Action/Social Justice |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Teaching Religious School | (multiple programs outlined online) |

Talent and Interest Survey

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

What are your passions? What are your interests?

Mission Statement/Congregational Covenant

Our mission is to worship and act in accordance with the principles and values of Reform Judaism, to enhance Jewish family life, and to preserve and strengthen the Jewish people. Our aim is to provide a sacred place of worship that permits individual expression of Jewish identity. Our goal is to participate fully in the perpetuation of Judaism and its regard for worship, community learning, service, moral and ethical responsibility, and commitment to Israel.

To be a member of a synagogue community manifests a relationship of covenant – **a sacred reciprocity of commitment and support. We ask for your consent to enter into this kind of sacred relationship with Touro Synagogue.**

We are honored you have chosen to uphold and sustain this synagogue community. And, we are honored you have chosen to be upheld and sustained by this synagogue community.

Applicant 1: Signature _____ Date _____

Applicant 2: Signature _____ Date _____

FOR OFFICE USE ONLY:

Exec. Dir. _____ Join Date _____ Member Level/Amt _____ BPF _____ SEC _____