



MEMBERSHIP INFORMATION

Congregation Etz Chaim of DuPage County
 1710 S. Highland Avenue, Lombard, IL 60148
www.congetzchaim.org ☎ 630-627-3912

Welcome to Congregation Etz Chaim!
 Please fill out both sides and return to the office.

| ADULT #1 | | | ADULT #2 | | |
|---|--|--|---|--|--|
| Name | | | Name | | |
| Email | | | Email | | |
| Cell Phone | | | Cell Phone | | |
| Home Phone | | | Home Phone | | |
| Occupation | | | Occupation | | |
| Home Address | | | Home Address | | |
| City/State/Zip | | | City/State/Zip | | |
| How Prefer Contact: Cell Phone Home Phone Email | | | How Prefer Contact: Cell Phone Home Phone Email | | |

Which of these are most important to you in terms of what you want out of your experience at Congregation Etz Chaim? **(Rank Your Top 5 In Terms of Importance. Write in 1 For Your Most Important, 2 For Your Second Most Important, etc. through 5)**

- Being able to regularly attend worship services that are meaningful to me / us
- Finding others with whom to celebrate Jewish holidays (such as Passover, Sukkot, etc.)
- Deepening my / our knowledge of and connection to Judaism
- Feeling part of a greater Jewish community
- Facilitating my / our children having Jewish friends
- Providing my / our children with a Jewish education (Hebrew School, bar mitzvah, etc.)
- Teaching / aiding / helping in the religious school
- Participating in musical activities within the synagogue (such as the choir)
- Participating in programs with those of other faiths
- Participating in social action / community improvement activities
- Having support in times of joy (births, marriage, etc.) or crisis (illness, etc.)
- Helping others in the synagogue in times of joy or crisis
- Feeling personally connected to the rabbis
- Feeling personally connected to / having a sense of community with other members
- Feeling that household members who were not raised Jewish / are not Jewish / are Jewish by choice are fully welcomed / supported
- Connecting with others who share a similar life-stage (have young children, empty-nesters, etc.)
- Socializing with others around Jewish / Judaism-related topics (such as Jewish movies, books, or outings)
- Socializing with others about topics not related to Judaism (such as general social events)
- Becoming engaged in committee or leadership opportunities within the synagogue

How else can we at Congregation Etz Chaim help and support you on an ongoing basis? **(Write In)**

PLEASE TURN OVER THE PAGE AND COMPLETE THE OTHER SIDE →

Please complete some more information about your household.

The more we know about you, the more we can suggest congregational programs, activities and/or committees that may interest you or meet your needs!

| ADULT #1 | ADULT #2 |
|--|--|
| Name | Name |
| Date of Birth (mm/dd/yyyy) | Date of Birth (mm/dd/yyyy) |
| Hebrew name | Hebrew name |
| Ben / bat (father's and/or mother's name) | Ben / bat (father's and/or mother's name) |
| Gender: (circle) Male Female Non-binary/other | Gender: (circle) Male Female Non-binary/other |
| Speak: (circle) Hebrew Yiddish Russian Other _____ | Speak: (circle) Hebrew Yiddish Russian Other _____ |
| Religious affiliation raised in | Religious affiliation raised in |
| Prior congregation(s) | Prior congregation(s) |
| Skills you may be able to offer (e.g., accounting, publicity) | Skills you may be able to offer (e.g., accounting, publicity) |

PLEASE FILL IN FOR ALL CHILDREN (25 and under) Check here if no children 25 and under

| CHILD #1 | CHILD #2 |
|---|---|
| Name | Name |
| Date of Birth (mm/dd/yyyy) | Date of Birth (mm/dd/yyyy) |
| Hebrew name | Hebrew name |
| Gender: (circle) Male Female Non-binary/other | Gender: (circle) Male Female Non-binary/other |
| Current grade in school | Current grade in school |
| Special needs, if any | Special needs, if any |

| CHILD #3 | CHILD #4 |
|---|---|
| Name | Name |
| Date of Birth (mm/dd/yyyy) | Date of Birth (mm/dd/yyyy) |
| Hebrew name | Hebrew name |
| Gender: (circle) Male Female Non-binary/other | Gender: (circle) Male Female Non-binary/other |
| Current grade in school | Current grade in school |
| Special needs, if any | Special needs, if any |

If you observe yahrzeit for a loved one, please fill in the information below. (If you need additional space for more names, please list on another sheet.)

| | |
|--|--|
| Name of Observer | Name of Observer |
| Name of Loved One | Name of Loved One |
| Relationship | Relationship |
| Date of Death | Date of Death |
| If Hebrew date is observed, did death occur: (circle) Before sundown After sundown | If Hebrew date is observed, did death occur: (circle) Before sundown After sundown |
| Yahrzeit observed on: (circle) Hebrew date English date | Yahrzeit observed on: (circle) Hebrew date English date |

Thank you, and again welcome to Congregation Etz Chaim!

11/2019

For office use only ___/___/___

Added to mailing list _____