

Congregation Or Ha Tzafon

Jewish Congregation of Fairbanks

APPLICANT'S NAME			
<i>Hebrew Name</i>			
<i>Nickname</i>		<i>Birthday</i>	
<i>Mailing Address 1</i>			
<i>Mailing Address 2</i>			
<i>City, State Zip Code</i>			
<i>Home Phone</i>			
<i>Cell Phone</i>			
<i>E-mail Address</i>			
<i>Occupation</i>		<i>Employer</i>	
<i>Wedding Anniversary</i>			
<i>College/Professional Degrees Held</i>			
<i>Community/Civic Activities</i>			
<i>Hobbies/Special Interests</i>			
<i>Bar/Bat Mitzvah or Confirmation Date</i>		<i>Synagogue and Location</i>	

SPOUSE'S NAME			
<i>Hebrew Name</i>			
<i>Nickname</i>		<i>Birthday</i>	
<i>Cell Phone</i>			
<i>E-mail Address</i>			
<i>Occupation</i>		<i>Employer</i>	
<i>College/Professional Degrees Held</i>			
<i>Community/Civic Activities</i>			
<i>Hobbies/Special Interests</i>			
<i>Bar/Bat Mitzvah or Confirmation Date</i>		<i>Synagogue and Location</i>	

MEMBERSHIP APPLICATION

Congregation Or Ha Tzafon

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FIRST CHILD Name			
<i>Hebrew Name</i>			
<i>Nickname</i>		<i>Birthday</i>	
<i>School Attended - Grade</i>			
<i>Actual or Anticipated Bar/Bat Mitzvah Date</i>		<i>Synagogue and Location</i>	
<i>Can this child read Hebrew?</i>		<i>Chant torah?</i>	

SECOND CHILD Name			
<i>Hebrew Name</i>			
<i>Nickname</i>		<i>Birthday</i>	
<i>School Attended - Grade</i>			
<i>Actual or Anticipated Bar/Bat Mitzvah Date</i>		<i>Synagogue and Location</i>	
<i>Can this child read Hebrew?</i>		<i>Chant torah?</i>	

THIRD CHILD Name			
<i>Hebrew Name</i>			
<i>Nickname</i>		<i>Birthday</i>	
<i>School Attended - Grade</i>			
<i>Actual or Anticipated Bar/Bat Mitzvah Date</i>		<i>Synagogue and Location</i>	
<i>Can this child read Hebrew?</i>		<i>Chant torah?</i>	

Please use the reverse side if needed.

MEMBERSHIP APPLICATION

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YAHRZEIT 1			
Name			
<i>Hebrew Name</i>			
<i>Relationship</i>			
<i>Date of death</i>		<i>Hebrew date of death</i>	

YAHRZEIT 2			
Name			
<i>Hebrew Name</i>			
<i>Relationship</i>			
<i>Date of death</i>		<i>Hebrew date of death</i>	

YAHRZEIT 3			
Name			
<i>Hebrew Name</i>			
<i>Relationship</i>			
<i>Date of death</i>		<i>Hebrew date of death</i>	

YAHRZEIT 4			
Name			
<i>Hebrew Name</i>			
<i>Relationship</i>			
<i>Date of death</i>		<i>Hebrew date of death</i>	

Please use the space below if needed.

MEMBERSHIP APPLICATION

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If applicable, please identify the name and location of the last synagogue of which you were a member?

A representative of the membership committee will contact you shortly to discuss your application. This will be the time to discuss any special questions you have such as:

- *The place of children in our community*
- *Life cycle events*
- *The role of the non-Jew in Congregation Or Ha Tzafon*
- *How to get involved in the synagogue community*
- *Any other concerns*

All members are expected to pay dues. However, no applicants will be excluded from congregational life solely based on financial hardship. If you believe that contributing at the established levels will pose an undue burden to your household, you may discuss this confidentially the synagogue's treasurer at any time.

Membership is subject to approval by the Board of Directors and remains subject to the congregation's by-laws, standing policies, congregational traditions, and applicable Jewish custom.

If you have any disability that limits your ability to complete this application, please contact the office during operating hours and we will be happy to assist you.

Signature of Applicant

Date

Signature of Spouse

Date

MEMBERSHIP APPLICATION