



Preferred Title: (e.g. Mr., Mrs., Ms., Dr., Other) Adult 1 _____ Adult 2 _____

ADULT 1

ADULT 2

FIRST NAME _____

FIRST NAME _____

LAST NAME _____

LAST NAME _____

BIRTH DATE _____

BIRTH DATE _____

ADDRESS _____

OCCUPATION _____

OCCUPATION _____

PHONE NUMBERS / E-MAIL ADDRESSES

DAY _____ EVE _____

DAY _____ EVE _____

CELL (OPTIONAL) _____

CELL (OPTIONAL) _____

E-MAIL _____

E-MAIL _____

HEBREW NAMES (PLEASE TRANSLITERATE TO ENGLISH)

YOURS _____

YOURS _____

FATHER'S _____

FATHER'S _____

MOTHER'S _____

MOTHER'S _____

KOHEN _____ LEVI _____ YISRAEL _____

KOHEN _____ LEVI _____ YISRAEL _____

MARITAL STATUS

SINGLE ___ MARRIED ___ WIDOWED ___ DIVORCED ___

SINGLE ___ MARRIED ___ WIDOWED ___ DIVORCED ___

ANNIVERSARY DATE: _____

CHILDREN

ENGLISH NAME

HEBREW NAME

BIRTHDATE

SCHOOL/REL SCHOOL

ARE THERE ANY JEWISH STATUS ISSUES RELATING TO YOU OR YOUR FAMILY THAT WE SHOULD BE AWARE OF?
EXAMPLES: CONVERSIONS, DIVORCES WITHOUT GETS, OR ANY OTHER SITUATION. PLEASE EXPLAIN



APPLICANT'S LAST NAME(S) _____

PHONE NUMBER _____

ADULT 1

PRIOR JEWISH AFFILIATION

ADULT 2

	NAME OF SYNAGOGUE, CITY, STATE	
	YEARS OF MEMBERSHIP	
	OFFICER, BOARD OR COMMITTEE MEMBER	
	OTHER JEWISH ORGANIZATIONAL INVOLVEMENT	
	CIVIC INVOLVEMENT	
	CURRENT SYNAGOGUE AFFILIATION (IF APPLYING FOR ASSOCIATE MEMBERSHIP)	
	DO YOU READ/SPEAK HEBREW	
	INTERESTED IN TORAH/HAFTORAH READING	
	FOR REGULAR SERVICES/WOMEN'S TEFILLAH	

HOW DID YOU HEAR ABOUT THE HEBREW INSTITUTE? _____

DO YOU KNOW ANYONE PRESENTLY AFFILIATED WITH HIWP? _____

SYNAGOGUE VOLUNTEER OPPORTUNITIES

PLEASE CHECK ALL AREAS OF INTEREST

	ADULT 1	ADULT 2
ADULT EDUCATION		
FUNDRAISING/SPECIAL EVENTS		
HOLIDAY PROGRAMS		
HOUSE/FACILITIES		
ISRAEL		
SECURITY/USHER		
YOUTH COMMITTEE		
WOMEN'S FOCUS PROGRAMMING		
WOMEN'S TEFILLAH		
CHESED		
NEW MEMBERS/HOSPITALITY		
KIDDUSH		
BIKUR CHOLIM		
BULLETIN		
ACTIVE OLDER ADULT PROGRAM		



APPLICANT'S LAST NAME(S) _____

PHONE NUMBER _____

Yahrzeit Information

OBSERVER				
DECEASED FIRST NAME				
HEBREW NAME				
DECEASED LAST NAME				
HEBREW DATE OF DEATH (MONTH/DAY/YEAR)				
ENGLISH DATE OF DEATH (MONTH/DAY/YEAR) *				
RELATIONSHIP TO OBSERVER				

* BEFORE OR AFTER SUNSET (IF NOT SURE, PLEASE PROVIDE TIME OF DAY)

HIWP IS SUPPORTED BY ITS MEMBERSHIP THROUGH THE ANNUAL DUES, WHICH COVERS ANNUAL DUES AND TWO HIGH HOLIDAY SEATS.*

I/WE HEREBY APPLY FOR MEMBERSHIP IN THE HIWP. I/WE AGREE TO PAY ALL ANNUAL FEES, AND CURRENT BUILDING ASSESSMENT, IN THE MEMBERSHIP CATEGORY SPECIFIED BELOW:

(CHECK ONE) SEE ACCOMPANYING LETTER FOR INFORMATION ON MEMBERSHIP CATEGORIES

- BENEFACTOR
- FULL
- SUPPORTER
- STANDARD
- CONTRIBUTOR
- ASSOCIATE * DOES NOT INCLUDE HIGH HOLIDAY SEATS
- FIRST YEAR FREE ** FOR ELIGIBLE

SIGNATURE(S)

PRINT NAME _____

For Office Use Only	Date Entered: _____
Rabbi Approval _____	
Membership Fee _____	
Building Fund _____	
Number of Years _____	Start Date for BF _____
Amount per Year _____	