

Tikvat Israel Congregation

2200 Baltimore Road
Rockville, MD 20851

תקות ישראל

(301) 762-7338
fax (301) 424-4399

Benjamin Shull, Rabbi
Howard D. Gorin, Rabbi Emeritus



Rochelle Helzner, Cantor
Mark Levi, Cantor Emeritus

MEMBERSHIP APPLICATION

*We are delighted that you have chosen to join Tikvat Israel
and hope that you will become an active participant.*

Adult 1: Title: Dr./Mr./Mrs./Ms. Other _____ Name _____

Adult 2: Title: Dr./Mr./Mrs./Ms. Other _____ Name _____

Address: _____

Home phone: _____ Cellphone(s): _____

Marital status (circle): Married (Anniv. _____) Single Widowed Separated Divorced

ADULT 1

ADULT 2

Date of birth: _____

Occupation: _____

Employer: _____

Work phone: _____

E-mail address: _____

Hebrew name: _____ ben/bat _____ ben/bat _____

Circle: Cohen Levi Israelite Not Jewish Cohen Levi Israelite Not Jewish

CHILDREN (Please provide information on all children, including both married and unmarried adult children, whether living at home or on their own) May we include your children's names and birthdates (if they are under 18) in our annual directory? ___ Yes ___ No

Name Hebrew Name M/F Birthdate School grade Address/tel # (if different)

Previous synagogue affiliation: _____

Yahrzeit(s) Observed

Name	Relationship (to whom?)	English date of death (include year & whether before/after sundown)

Do you currently own cemetery sites? Yes No If yes, where? _____
Would you be interested in arranging for sites through Tikvat Israel? Yes No

How did you first hear about Tikvat Israel?

- Personal contact (friend, colleague, neighbor) Name: _____
- Email or Letter from the synagogue
- Tikvat Israel website
- The *Washington Jewish Week*
- Poster/flyer in the community
- Jewish Information Referral Service
- Drove or walked by
- Other: _____

What factors most influenced your decision to join? (Check as many as apply)

- Convenience/proximity
- Knew people there
- Website
- 50% discount on dues for first year
- Contact(s) with office staff
- Warmth and ambience of shul
- Mailing
- Recommendation (from whom? _____)
- Rabbi and/or Cantor
- Attended service or other event
- Child(ren) attend Early Childhood Center (ECC) or Religious School
- Other: _____

We encourage all Tikvat Israel members to attend a minyan once a month. Please indicate your preference below:

- M/F
 / Weekday morning (Mon/Thurs @ 6:45 am) (Preferred day(s) _____)
(Fri @ 8:00 am)
- / Weekday or Sunday evening @ 7:30 pm (Preferred day(s) _____)
- / Sunday morning @ 9:00 a.m.

Tikvat Israel also encourages its members to help conduct Shabbat or daily minyan services if they are comfortable doing so. Please indicate your skills, if any, related to Shabbat and/or daily minyan services.

- Lead Shabbat services: Shacharit Torah Service Musaf
- Lead daily minyan services
- Read Torah
- Read Haftarah
- Serve as Gabbai during Torah service

We invite your participation in a wide variety of activities at Tikvat Israel. Please indicate below any areas you may be interested in:

M / F

- / Adult Education
- / Bereavement Services
- / Bikur Holim (helps members facing illness or hardship)
- / Communications (website, publicity)
- / Education: Early Childhood
- / Education: Religious School
- / Environmental Efforts
- / Fine Arts/Beautification
- / Fundraising/Ways and Means
- / Hazak (ages 55+)
- / Holocaust Commemoration
- / Israeli Affairs

M / F

- / Kitchen/Kiddush help
- / Library
- / Membership
- / Newsletter
- / Office Help
- / Religious Practices
- / Social Action (homeless, literacy tutoring, nursing home visits)
- / Toastmasters
- / Tzedakah distribution
- / Women's Network (formerly Sisterhood)
- / Youth activities
- / Other: _____

By affixing my/our signature(s) to this application, I/we hereby agree to abide by the constitution and by-laws of the congregation, and to maintain my/our membership in good standing.

Signature (adult 1)

Signature (adult 2)

Date

Date