



**MEMBERSHIP APPLICATION**

5400 Fellowship Lane  
Spring, TX 77379

281-376-0016 FINANCE@CJCN.ORG

Welcome to Congregation Jewish Community North (CJCN). 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 for Jewish expression that we offer. Please call upon our clergy, staff, and lay leaders whenever we can assist you in becoming part of our family. All information in this application and commitment form will be treated confidentially. Please contact our Membership Chair at [Membership@cjcn.org](mailto:Membership@cjcn.org) or our Finance committee at [Finance@CJCN.ORG](mailto:Finance@CJCN.ORG) if you have any questions at all or need assistance in filling out these forms.

**Personal Information**

	ADULT APPLICANT 1 <input type="checkbox"/> Male <input type="checkbox"/> Female	ADULT APPLICANT 2 <input type="checkbox"/> Male <input type="checkbox"/> Female
Title	<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 _____
Full Name		
By what first name to you wish to be addressed (if different from above)?		
Personal Status	<input type="checkbox"/> Single <input type="checkbox"/> Married _____ (date) <input type="checkbox"/> Partnered <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other _____	<input type="checkbox"/> Single <input type="checkbox"/> Married _____ (date) <input type="checkbox"/> Partnered <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other _____
Hebrew Name (if known)		
Date of Birth		
Birthplace		
Former city and state of residence		
Special Accommodations needed	<input type="checkbox"/> Visual impairment (large print prayer book – if possible) <input type="checkbox"/> Auditory impairment (assisted hearing devices) <input type="checkbox"/> Physically challenged <input type="checkbox"/> Other _____	<input type="checkbox"/> Visual impairment (large print prayer book – if possible) <input type="checkbox"/> Auditory impairment (assisted hearing devices) <input type="checkbox"/> Physically challenged <input type="checkbox"/> Other _____
Community Affiliations		

**Contact Information**

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

Name(s): \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell Phone 1: \_\_\_\_\_ Cell Phone 2: \_\_\_\_\_

Email 1: \_\_\_\_\_ Email 2: \_\_\_\_\_  
 I would like to receive temple communications via email.  I would like to receive temple communications via email.

## Religious Background

	Adult Applicant 1	Adult Applicant 2
Religious background in which you were raised	<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 not Jewish, are you interested in conversion?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
If you became Jewish as an adult, please provide Date, Congregation, City		
Bar/Bat Mitzvah (if applicable) Date, Congregation, City		
Confirmation (if applicable) Date, Congregation, City		
Please list your most recent or current affiliation		
Please list any relatives who are CJCN members		
Have you ever been a member of another synagogue? If so, when?		

## Business Information

	Adult Applicant 1	Adult Applicant 2
Occupation/Title		
Area of specialization		
Employer		
Address		
City, State, Zip		
Business Phone		
Business Fax		
Business Email		
How did you find us?		

## 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 Congregation Jewish Community North

## 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)				
Hebrew name (if known)				
Birth date (and grade if applicable)				
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 in the Jewish faith?	<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 CJCN?	<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

At CJCJN, we believe that joining a congregation is a spiritual and emotional commitment. We encourage all congregants to become involved in all aspects of life in our congregational community. In furthering this ideal, we request that upon signing this application you commit to participate in congregational life. Please indicate which of these areas interest you by checking the appropriate box or boxes. Your participation will help strengthen the community and will make your temple experience more meaningful. You will be contacted by a congregation member with more information.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Adult Learning                   | <input type="checkbox"/> Holiday Celebrations and/or decoration | <input type="checkbox"/> Couples Club                |
| <input type="checkbox"/> Budget and Finance               | <input type="checkbox"/> Teaching in Religious School           | <input type="checkbox"/> Informal Youth Activities   |
| <input type="checkbox"/> Social Action & Mitzvah Projects | <input type="checkbox"/> Religious School Activities & projects | <input type="checkbox"/> Library                     |
| <input type="checkbox"/> Communications & Publicity       | <input type="checkbox"/> Visiting the Sick and Bereaved         | <input type="checkbox"/> Newsletter Writing, Editing |
| <input type="checkbox"/> Maintenance & Building Repair    | <input type="checkbox"/> Sisterhood -Women of Reform Judaism    | <input type="checkbox"/> Fundraising                 |
| <input type="checkbox"/> Music – Choir or Band            | <input type="checkbox"/> Men's Club                             | <input type="checkbox"/> Leadership and Governance   |
| <input type="checkbox"/> Strategic Planning               | <input type="checkbox"/> 50's Plus Group                        | <input type="checkbox"/> Other                       |

## Talent and Interest Survey

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

## Insights

What are you looking for in your congregation?

What are your passions?

What are your interests?

Anything else you'd like us to know about you?

### *Statement of Mission of Congregation Jewish Community North*

*The mission of the congregation is to enrich members' lives through worship, education, celebration and community involvement in accordance with Reform Jewish values and tradition*

**Applicant 1:** I, \_\_\_\_\_, am applying to become a member of Congregation Jewish Community North.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Applicant 2:** I, \_\_\_\_\_, am applying to become a member of Congregation Jewish Community North.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**A Member Congregation of the Union for Reform Judaism**