

Membership Record



Congregation
ETZ CHAIM
creating meaningful Jewish experiences

Join Date _____

Member A

Prefix: Dr. Mr. Mrs. Ms. Miss Gender: _____

Full Name _____

Nickname _____

Date of birth _____

Address _____ City _____

State, Zip _____ Subdivision _____

Home Phone _____ Cell Member A _____ Cell Member B _____

Email Member A _____ Email Member B _____

Marital Status _____ Wedding Anniversary Date _____

Instagram _____

LinkedIn _____

Facebook _____

Occupation _____

Business Name _____

Work Phone _____

Work Email _____

Years in Atlanta _____

Hometown _____

Prior Synagogue _____ Location _____

Dates of Membership _____

Positions Held _____

Hebrew Name _____

Bar/Bat Mitzvah Y / N & Date _____

Mother's Hebrew Name _____

Father's Hebrew Name _____

Tribe: Kohen Levite Israelite

Were you born Jewish? Yes No

If Converted, date, by whom, and where: _____

Read Hebrew Yes No

Do you have any relatives at Etz Chaim? Yes No

If so, please list with relationship: _____

Member B

Prefix: Dr. Mr. Mrs. Ms. Miss Gender: _____

Full Name _____

Nickname _____

Date of birth _____

City _____

Subdivision _____

Cell Member B _____

Email Member B _____

Wedding Anniversary Date _____

Instagram _____

LinkedIn _____

Facebook _____

Occupation _____

Business Name _____

Work Phone _____

Work Email _____

Years in Atlanta _____

Hometown _____

Location _____

Dates of Membership _____

Positions Held _____

Hebrew Name _____

Bar/Bat Mitzvah Y / N & Date _____

Mother's Hebrew Name _____

Father's Hebrew Name _____

Tribe: Kohen Levite Israelite

Were you born Jewish? Yes No

If Converted, date, by whom, and where: _____

Read Hebrew Yes No

Do you have any relatives at Etz Chaim? Yes No

If so, please list with relationship: _____

Dependent Children

Name	Sex	Birthdate	School Grade	Jewish Day School	Hebrew Name	Bar/Bat Mitzvah Date	Adopted
	M F			Y N			Y N
	M F			Y N			Y N
	M F			Y N			Y N
	M F			Y N			Y N
	M F			Y N			Y N
	M F			Y N			Y N

Names of Adult Children: _____

Yahrzeits to be Observed

Name of Deceased	Relationship	Member	Secular Date of Death MM/DD/YYYY—Before or After Sunset
		A B or Both	
		A B or Both	
		A B or Both	
		A B or Both	
		A B or Both	

We are delighted to have you join our community!

Please fill out the following information to assist you in becoming engaged in our congregation:

Would you like to be a “featured new member” in our monthly newsletter, the Voice of Chaim? (Someone from our membership committee will reach out to you.) Yes or No

What would you like to get from Etz Chaim? _____

What would you like to give to Etz Chaim? _____

What areas of interest would you like more information? _____

Getting Involved at Etz Chaim

Please circle areas of interest:

Budget/Financials ♦ Chavurot/Friendship Group ♦ Chesed/Caring Committee ♦ Chevrah Kaddisha/Burial Society ♦ College Connection ♦ Fundraising ♦ Inclusion Committee ♦ Interfaith Family Programs ♦ Lead Services ♦ Library ♦ Lilmode/Adult Education ♦ Men’s Club ♦ Minyanaires/Ritual Committee ♦ Preschool (Teacher or Volunteer) ♦ Pride Alliance (LGBTQIA+) ♦ Religious School (Teacher or Volunteer) ♦ Roots Groups (Interest Based Small Groups) ♦ Social Action ♦ Synagogue Office Volunteer ♦ Sisterhood ♦ Social Event Programming ♦ The Prime Timers (50s and up) ♦ Torah/Haftarah Readers ♦ Young Adults ♦ Young Family Programming ♦ Youth Commission

We look forward to receiving your information. If you have any questions, please contact us at 770-973-0137.

Please return to: Congregation Etz Chaim, 1190 Indian Hills Parkway, Marietta, Georgia 30068

Attention: Marty Gilbert, Executive Director