

ETZ CHAIM SEPHARDIC CONGREGATION

Etz Chaim Sephardic Congregation of Indianapolis
 6939 Hoover Road, Indianapolis, IN 46260
 (317) 251-6220 | office@etzchaimindy.org | www.etzchaimindy.org
 Mailing Address: P.O. Box 80004, Indianapolis, IN 46280

FOR OFFICE USE

Application Received: ___/___/___

Payment Received: ___/___/___

Amount: \$ _____

Committee Approval Board Approval

Membership Application

Membership Type: Two Adult Single Adult

ADULTS

Name Primary Member

First Middle Last

Preferred Name _____

Full Hebrew Name _____

D.O.B. ___/___/___ Occupation _____

Employer _____

Work Phone (____) _____

Cell Phone (____) _____

Email _____

Emergency Contact

Name _____

Phone (____) _____ Relationship _____

Name Spouse

First Middle Last

Preferred Name _____

Full Hebrew Name _____

D.O.B. ___/___/___ Occupation _____

Employer _____

Work Phone (____) _____

Cell Phone (____) _____

Email _____

Anniversary _____

Emergency Contact

Name _____

Phone (____) _____ Relationship _____

Home Address

Street _____

City _____ State _____ Zip Code _____

Home Phone (____) _____

CHILDREN

Name			Name		
<p>First _____ Middle _____ Last _____</p> <p>Preferred Name _____ Gender _____</p> <p>Full Hebrew Name _____</p> <p>D.O.B. _____ Current Grade _____</p> <p>School _____</p> <p>Expected Bar/Bat Mitzvah in year _____</p> <p>Home Address (if different from Primary Member)</p> <p>Street _____</p> <p>City _____ St _____ Zip Code _____</p>	<p>First _____ Middle _____ Last _____</p> <p>Preferred Name _____ Gender _____</p> <p>Full Hebrew Name _____</p> <p>D.O.B. _____ Current Grade _____</p> <p>School _____</p> <p>Expected Bar/Bat Mitzvah in year _____</p> <p>Home Address (if different from Primary member)</p> <p>Street _____</p> <p>City _____ St _____ Zip Code _____</p>				
Name			Name		
<p>First _____ Middle _____ Last _____</p> <p>Preferred Name _____ Gender _____</p> <p>Full Hebrew Name _____</p> <p>D.O.B. _____ Current Grade _____</p> <p>School _____</p> <p>Expected Bar/Bat Mitzvah in year _____</p> <p>Home Address (if different from Primary member)</p> <p>Street _____</p> <p>City _____ St _____ Zip Code _____</p>	<p>First _____ Middle _____ Last _____</p> <p>Preferred Name _____ Gender _____</p> <p>Full Hebrew Name _____</p> <p>D.O.B. _____ Current Grade _____</p> <p>School _____</p> <p>Expected Bar/Bat Mitzvah in year _____</p> <p>Home Address (if different from Primary member)</p> <p>Street _____</p> <p>City _____ St _____ Zip Code _____</p>				

A representative of the membership committee will contact you for a welcoming call. This will be the time to discuss any special questions you have such as:

- *The place of children in the Etz Chaim Sephardic Congregation community*
- *Life cycle events*
- *The role of the Non-Jew in Etz Chaim Sephardic Congregation*
- *How to get involved in the Etz Chaim Sephardic Congregation community*
- *Reduced Membership dues if there is a financial hardship*
- *Any other concerns*

Etz Chaim Sephardic Congregation was founded in 1906 by men and women who were determined to create a Sephardic presence in Indianapolis that focused on maintaining Sephardic Halacha (law), customs, and traditions, acts of loving kindness, and, foremost, a belief in the Almighty, G-d of Israel. Etz Chaim continues to hold true to these principles and thrives as an Orthodox Sephardic synagogue. For nearly a century the Kahal has maintained a strong Shabbat program with Erev Shabbat (Friday night) to Sunday morning services, an inviting and warm Oneg Shabbat Kiddush, programs and classes for men and women, along with other youth programming.

Expanding and thriving past its centennial year, Etz Chaim Sephardic Congregation continues to flourish as a light of Sephardic Tradition in Indianapolis.

<i>Signature of Member</i>	<i>Date</i>
<i>Signature of Spouse</i>	<i>Date</i>

Please call the office for assistance if you have disabilities that make it difficult to fill out this application. (317) 251-6220