

Most recent synagogue membership:

**Traditional Congregation**12437 Ladue Road - Creve Coeur, Missouri 63141 - (314) 576-5230 www.traditional-congregation.org



## tradcong@sbcglobal.net

ADULT #1	ADULT #2			
☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Other:	☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Other:			
Name:	Name:			
,	,			
Date of Birth//	Date of Birth//			
	,			
Cell phone ( )	Cell phone ( )			
a mail	e-mail			
e-mail	e-man			
Address				
City, State, Zip				
Home phone ( )				
Woodding Anniversary (if applicable)				
Wedding Anniversary (if applicable) / /				
☐ Jewish mother ☐ Jewish father	☐ Jewish mother ☐ Jewish father			
Hebrew Name:	Hebrew Name:			
hara than	Lead to the			
ben/bat V Mother's Hebrew name V Mother's Hebrew name	ben/bat v' Mother's Hebrew name v'			
☐ Kohen ☐ Levi ☐ Yisrael	☐ Kohen ☐ Levi ☐ Yisrael			
There is a second of the secon	_ Notice _ Levi _ Notice			
Conversion Date, if applicable://	Conversion Date, if applicable://			
Name of Rabbi:	Name of Rabbi:			
Occupation	Occupation			
Occupation	Occupation			
Employer	Employer			
, ,	• ,			
Work phone ( )	Work phone ( )			
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Religious background in which you were raised:	Religious background in which you were raised:			
☐ Traditional ☐ Conservative ☐ Orthodox	☐ Traditional ☐ Conservative ☐ Orthodox			
☐ Reform ☐ Jewish unaffiliated ☐ Other	☐ Reform ☐ Jewish unaffiliated ☐ Other			
	<u> </u>			

CHILDREN					
Child 1	Child 2				
Name	Name				
Hebrew Name	Hebrew Name				
Date of Birth	Date of Birth				
Email	Email				
Child 3	Child 4				
Name	Name				
Hebrew Name	Hebrew Name				
Date of Birth	Date of Birth				
Email	Email				
YAHRZEITS					
Name of Loved One	Name of Loved One				
Relative of	Relative of				
Relationship	Relationship				
Hebrew or Common Date of Death	Hebrew or Common Date of Death				
Name of Loved One	Name of Loved One				
Relative of	Relative of				
Relationship	Relationship				
Hebrew or Common Date of Death	Hebrew or Common Date of Death				
May we publish your address, home #, cell #, email in our synagogue directory? ☐ Yes ☐ No					
Emergency contact other than spouse:					
Adult 1: ( )					
Adult 2: ( )					

All members are encouraged to participate at Traditional Congregation according to interest, ability or expertise. Please indicate which activities you would be interested in. Identify family member by A1, A2 (adult) C1,C2 (children).

	Accounting		Haftara Chanting		
	Artistic		Legal		
	Baking		Literary		
	Bikur Cholim		Membership		
	Building & Grounds		Photography		
	Carpentry		Public Relations		
	Chavura		Ritual		
	Computer		Security		
	Cooking		Social Activities		
	Chesed		Staff Volunteer		
	Editing/Proofreading		Torah Reading		
	Education □ Youth □ Adult		Usher/Greeter		
	Event Planning		Youth Activities		
	Fundraising		Other		
	Grant Writing				
	<u> </u>				
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<b>Traditional Congregation</b> has a daily morning and evening minyan. Members have the opportunity to attend and their presence is crucial to enabling a fellow community member to recite the Mourner's Kaddish.					
	May we contact you to help make a minyan? ☐ Morning ☐ Evening				
	Please contact me through   WhatsApp		_		

## TRADITIONAL CONGREGATION ANNUAL MEMBERSHIP DUES

CATEGORY	AMOUNT		
Family (ages 30-65)	\$1,740		
Individual	\$1,240		
Young Family (under 30)	\$990		
Young Individual	\$740		
Senior Family	\$990		
Senior Individual	\$740		
Associate Member	½ category rate		

If applying for associate membership, please provide the following on your primary synagogue:

Name of Syna	gogue					
Address						
Rabbi and pho	one number				_(	)
Building Fund	Program					
year of mem		st installment p	payable during	g the secon	nd full y	s deferred during the first year of membership. The e of 30.
		_				five (5) years. Payment is luring the second year of
	ngregation's policy is e other comments or s		-	•		ancial reasons!
Date	Signature					
Date	Signature					
		FOR (	OFFICE USE ONLY	,		
DATE RECEIV	/ED: DA <sup>-</sup>	ΓΕ BOARD APPRO	VED:	RABBI	'S APPRO	DVAL:
   MEMBERSHI	P CATEGORY:		CHECK RECEIVE	ED: \$		#
LI WELCOMI	E LETTER	☐ CONSTANT	CONTACT 🔲	EMAIL □ V	VHATSAI	PP