



# THE CONSERVATIVE SYNAGOGUE MEMBERSHIP APPLICATION

30 Hillspoint Road, Westport, CT 06880

Ph: 203-454-4673 Fax: 203-454-8888

www.tcs-westport.org

DATE: \_\_\_\_\_  
 TYPE OF MEMBERSHIP: (Circle) Family Individual Senior Family Senior Individual Non-resident Member

PLEASE PRINT

<b>Adult 1</b>	
Name _____	Title (Circle one) Mr. Mrs. Ms. Miss Dr. _____
Address _____	
City _____	State _____ Zip Code _____
Home Phone _____	Fax _____
Nickname _____	Email _____
Marital Status _____	Anniversary Date _____ Birthdate _____
Occupation: Title/Position _____	
Employer Name _____	
Address _____	
City _____	State _____ Zip Code _____
Hebrew Name (Express in English; e.g. "Yitzhak Aaron") _____	
Father's Hebrew Name _____	Mother's Hebrew Name _____
Bar/Bat Mitzvah Anniversary _____	Parasha _____
I was raised Conservative__ Orthodox__ Reconstructionist__ Reform__ Non-Practicing__ Not Jewish__	
Did you convert to Judaism? Yes__ No__	
Conversion Date: _____ Rabbi/City: _____	
Are you related to other TCS Members? List name and relation _____	

<b>Adult 2</b>	
Name _____	Title (Circle one) Mr. Mrs. Ms. Miss Dr. _____
Address _____	
City _____	State _____ Zip Code _____
Home Phone _____	Fax _____
Nickname _____	Email _____
Marital Status _____	Anniversary Date _____ Birthdate _____
Occupation: Title/Position _____	
Employer Name _____	
Address _____	
City _____	State _____ Zip Code _____
Hebrew Name (Express in English; e.g. "Yitzhak Aaron") _____	
Father's Hebrew Name _____	Mother's Hebrew Name _____
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Name of previous Synagogue: \_\_\_\_\_, City \_\_\_\_\_ State \_\_\_\_\_ Affiliation \_\_\_\_\_

### CHILDREN

Name	Sex M/F	Hebrew Name	Birthdate	School	Grade	# Years Religious School
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

As a community of Conservative Jews we are dedicated to the continuity of Jewish Life and the communal expression of our religious traditions, values and culture. Through prayer, learning, commitment to each other, and service to all, we encourage a lifelong connection to God, Torah and Israel.

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## Yahrzeit Notice

Name	Relationship	English Date of Death	Time of Death
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

As new members, we encourage you to join us in sustaining our vibrant congregation by participating in at least one of the programs/committees set forth below. Your committee membership will help foster our growth in the years to come. Please indicate the programs/committees in which you may wish to participate, and kindly place one or both of your names to indicate interest.

_____	Adult Education	_____	Hebrew High	_____	Ritual
_____	Brotherhood	_____	House	_____	Shabbat Greeters
_____	Bulletin	_____	Israel	_____	Sisterhood
_____	Cemetery	_____	Kitchen/Catering	_____	Social Action/Mitzvah
_____	Chorale	_____	Membership	_____	Social Events
_____	Empty Nester	_____	Public Relations	_____	Technology
_____	Finance	_____	Preschool	_____	Youth Programs
_____	Fundraising	_____	Religious School		

Please indicate if you would like to:

\_\_\_\_\_ Lead a children's service

\_\_\_\_\_ Read Torah/Haftarah

\_\_\_\_\_ Attend minyan services

\_\_\_\_\_ Teach Religious  
School/Preschool/High School

Periodically TCS holds events outside of the Synagogue -  
Do you have any dietary restrictions?

\_\_\_\_\_

\_\_\_\_\_

Would you be interested in hosting a reception or family  
dinner at your home?      Y \_\_\_\_\_      N \_\_\_\_\_

Do you keep a kosher home?      Y \_\_\_\_\_      N \_\_\_\_\_

I/We, the undersigned, hereby make application for The Conservative Synagogue membership. I/We agree to abide by its rules and By-Laws. I/We understand the membership is on a yearly basis, payable in advance, not transferable and that dues are not refundable.

Applicant's Signature

Date

Applicant's Signature

Date

Thank you for joining The Conservative Synagogue.  
We look forward to welcoming you into our family.