

Washington Hebrew Congregation

Membership Profile



3935 Macomb Street, NW
Washington, DC 20016
(t) 202-362-7100
(f) 202-537-1091
www.whctemple.org
membership@whctemple.org

Welcome to Washington Hebrew Congregation. We are delighted that 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 WHC offers. Please call upon our clergy, staff, and lay leaders whenever we can assist you in becoming part of our family.

Family Information:

Primary Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Primary Email Address: _____

Wedding anniversary (if applicable): _____ / _____ / _____ New to DC area? _____

Married Engaged Partnered Single Widowed Divorced Separated

Personal Information:

Member One:

Member Two:

Name: _____

Name: _____

Nickname: _____ DOB: ___ / ___ / ___ Gender: _____

Nickname: _____ DOB: ___ / ___ / ___ Gender: _____

Maiden name (if applicable): _____

Maiden name (if applicable): _____

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

Business address: _____

Business address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Business phone: _____

Business phone: _____

Mobile phone: _____

Mobile phone: _____

Alternate email: _____

Alternate email: _____

Religious background: Reform Conservative Orthodox

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If converted, officiating Rabbi: _____

If converted, officiating Rabbi: _____

Other religion: _____

Other religion: _____

Prior temple affiliation: _____

Prior temple affiliation: _____

Year of Bar/Bat Mitzvah: _____ Year of Confirmation: _____

Year of Bar/Bat Mitzvah: _____ Year of Confirmation: _____

Parents' names: _____

Parents' names: _____

Parents' temple affiliation: _____

Parents' temple affiliation: _____

Children Younger than Age 18:

Full Name: _____ Sex: _____ Date of birth: _____

Nickname: _____ School: _____ Grade: _____

Interested in: _____ Early Childhood Center (18 months - Kindergarten), _____ Religious School (Kindergarten - 10th Grade)

Location preference: _____ Temple (Washington, DC) or _____ Julia Bindeman Suburban Center (Potomac, MD)

Hobbies/Interests (Judaic and secular): _____

Full Name: _____ Sex: _____ Date of birth: _____

Nickname: _____ School: _____ Grade: _____

Interested in: _____ Early Childhood Center (18 months - Kindergarten), _____ Religious School (Kindergarten - 10th Grade)

Location preference: _____ Temple (Washington, DC) or _____ Julia Bindeman Suburban Center (Potomac, MD)

Hobbies/Interests (Judaic and secular): _____

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Hobbies/Interests (Judaic and secular): _____

Adult Children:

Full Name: _____ Sex: _____ Date of birth: _____

Address: _____ City: _____ State: _____ Zip: _____

If married or partnered, name of spouse or partner: _____ Temple affiliation, if applicable: _____

Full Name: _____ Sex: _____ Date of birth: _____

Address: _____ City: _____ State: _____ Zip: _____

If married or partnered, name of spouse or partner: _____ Temple affiliation, if applicable: _____

Full Name: _____ Sex: _____ Date of birth: _____

Address: _____ City: _____ State: _____ Zip: _____

If married or partnered, name of spouse or partner: _____ Temple affiliation, if applicable: _____

Interests and Involvement

Washington Hebrew Congregation has a dynamic and involved membership, and we invite you to explore our many offerings and become involved in our congregational community. Please indicate below your areas of interest and share with us any professional experience, training or expertise. Your participation will help strengthen our community and will make your Temple experience more meaningful. Information about WHC's auxiliaries, committees and clubs can be found in "Life@WHC" in your membership packet.

Auxiliaries:

- | | | |
|--|---|--|
| <input type="checkbox"/> Sisterhood (All Temple women) | <input type="checkbox"/> EmptyNesters (50+) | <input type="checkbox"/> 2239 (Young professionals ages 22-39) |
| <input type="checkbox"/> Brotherhood (All Temple men) | <input type="checkbox"/> Prime Timers (65+) | <input type="checkbox"/> Couples Club (Couples in their 20's, 30's & 40's) |

Committees & Clubs:

- | | | |
|---|--|---|
| <input type="checkbox"/> Archives | <input type="checkbox"/> Israel & World Jewry | <input type="checkbox"/> Youth Committee |
| <input type="checkbox"/> Caring Committee | <input type="checkbox"/> Mitzvah Day | <input type="checkbox"/> Abram Simon School Committee |
| <input type="checkbox"/> Community Issues/Social Action | <input type="checkbox"/> Outreach – for interfaith couples | <input type="checkbox"/> Carrie Simon House |
| <input type="checkbox"/> Fistful of Shekels | <input type="checkbox"/> Worship & Music | <input type="checkbox"/> SCRIP |
| <input type="checkbox"/> Friends of the Library | <input type="checkbox"/> Kol Rinah Adult Choir | <input type="checkbox"/> Usher Corps |
| <input type="checkbox"/> Interfaith | | |

Professional Skills:

- | | | |
|---|---|---|
| <input type="checkbox"/> Business, legal, financial | <input type="checkbox"/> Event planning | <input type="checkbox"/> Maintenance, general contracting |
| <input type="checkbox"/> Communications, publicity | <input type="checkbox"/> Fund raising | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Computer skills, general office work | | |

Hobbies & Interests

What special skills might you be interested in sharing with WHC (e.g. foreign language fluency, musical ability, etc.) _____

Special Accommodations Needed: How can we help you participate in Temple life?

- | | |
|--|--|
| <input type="checkbox"/> Visual impairment | <input type="checkbox"/> Physical challenges |
| <input type="checkbox"/> Auditory impairment | <input type="checkbox"/> Other _____ |

Family member(s) needing accommodation _____

Your WHC Family Tree

Please provide the names of relatives who are/were members of Washington Hebrew Congregation

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Yartzheit Notification

Please provide the names and dates of death of relatives for whom you would like to receive yartzheit notifications. For couples, please indicate to whom the notice should be sent.

Relative	Relationship	To	Date of Death Month/Day/Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Cemetery Property

If you own cemetery property, please provide the name and location of the cemetery: _____

The Mission of Washington Hebrew Congregation

Washington Hebrew Congregation provides a spiritual, educational, and cultural home for Jews of all ages in the Washington metropolitan area. We are a House of Prayer for those seeking comfort and spiritual renewal; a House of Learning for those seeking answers; and a House of Assembly offering a myriad of programs to meet the needs of a diverse community and to champion Judaism's enduring commitment to social justice. Washington Hebrew Congregation strives to provide a life-long innovative, supportive, and caring Jewish environment. Our commitment to Reform Judaism reinforces the positive empowering elements of Jewish life and history that will ensure our continuity from generation to generation

Fair Share Contribution

At Washington Hebrew Congregation membership dues are determined by a sliding scale schedule that is based on financial ability, calculated from gross annual household income received from all sources (earned and unearned). The schedule contained in this packet indicates the Fair Share contribution and Capital Fund pledge for each income level.

Please look over the enclosed schedule and determine your appropriate Fair Share contribution. If you have a question about your Fair Share level or would like to discuss ways to fulfill your Fair Share contribution, please call Lan Swerdloff, our Membership Coordinator, at (202) 895-6321 to arrange for a confidential interview with a representative of our Membership Committee.

I/We have determined that my/our gross annual income indicates an annual Fair Share contribution of \$_____.

Capital Fund pledges are payable over a ten-year period in equal installments. However, if you wish to complete your pledge within three years you will receive a 15% discount.

My/Our Capital Fund Pledge will be \$_____ per year.

Welcome to Washington Hebrew Congregation!

Member One's Signature: _____ Date: _____

Member Two's Signature: _____ Date: _____

Please submit this application with a check that represents at least 25% of your Fair Share contribution and Capital Fund pledge.

Portions of this profile may be shared with our New Member Matching program. All financial information is kept strictly confidential. If there is any other information you have provided that you wish to remain confidential, please let us know.
Please call our office, 202-362-7100, if you have any questions at all or need assistance in filling out this application.

For Office Use Only

Date _____ ID# _____ Age _____ Rec'd Ch# _____ Amount \$ _____

Billing Instructions: AC _____ CF _____ Security Fee _____