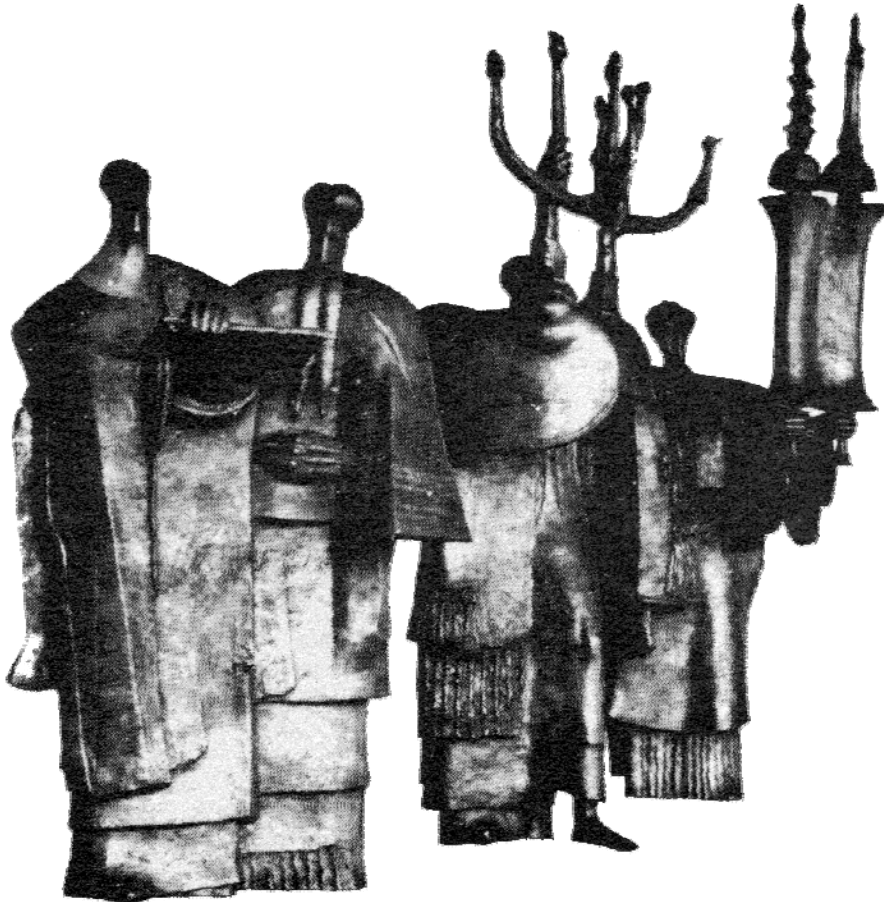


Application for Membership

Washington Hebrew Congregation

We Welcome You to Washington's Most Vibrant Jewish Community



Massachusetts Avenue at Macomb Street, N.W., Washington, D.C. 20016
Phone - 202-362-7100 FAX - 202-537-1091 Email: membership@whctemple.org

PERSONAL INFORMATION
Please Print Clearly In Black Ink

Member One: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other _____	Member Two: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other _____
Name _____ Last First Middle	Name _____ Last First Middle
Nickname _____	Nickname _____
Residence Address _____	Email _____
City _____ State _____ Zip _____	Phone (____) _____
Date of Birth ____/____/____	Date of Birth ____/____/____
<input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married Maiden Name _____	
Wedding Anniversary: Month _____ Day _____ Year _____	
Occupation _____	Occupation _____
Employer/Firm Name _____	Employer/Firm Name _____
Bus. Address _____	Bus. Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Bus. Phone (____) _____ (Email) _____	Bus. Phone (____) _____ (Email) _____
Religious Background: <input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox	Religious Background: <input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox
<input type="checkbox"/> Jew By Choice (Officiating Rabbi's Name) _____	<input type="checkbox"/> Jew By Choice (Officiating Rabbi's Name) _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
Prior Temple Affiliation _____	Prior Temple Affiliation _____
Year of Bar/Bat Mitzvah _____ Year of Confirmation _____	Year of Bar/Bat Mitzvah _____ Year of Confirmation _____

Children

Please complete regardless of children's ages

Name _____	Sex ____	Date of Birth _____	School Grade _____
Nickname _____	Enroll in Religious School: <input type="checkbox"/> Yes <input type="checkbox"/> No Enroll in ECC: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address if different _____	City, State, Zip _____		
If married, name and date of birth of spouse _____	Temple affiliation _____		

Name _____	Sex ____	Date of Birth _____	School Grade _____
Nickname _____	Enroll in Religious School: <input type="checkbox"/> Yes <input type="checkbox"/> No Enroll in ECC: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address if different _____	City, State, Zip _____		
If married, name and date of birth of spouse _____	Temple affiliation _____		

Name _____	Sex ____	Date of Birth _____	School Grade _____
Nickname _____	Enroll in Religious School: <input type="checkbox"/> Yes <input type="checkbox"/> No Enroll in ECC: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address if different _____	City, State, Zip _____		
If married, name and date of birth of spouse _____	Temple affiliation _____		

Children will be attending: Temple at Macomb Julia Bindeman Suburban Center

WE HOPE THAT YOU WILL BECOME AN ACTIVE MEMBER AND ENCOURAGE YOU TO EXPRESS YOUR INTEREST IN MANY OF THE OPPORTUNITIES WE OFFER BY CHECKING THE APPROPRIATE BOX

AUXILLIARIES/SERVICE ORGANIZATIONS

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Brotherhood | <input type="checkbox"/> Kol Rinah Choir | <input type="checkbox"/> Sisterhood |
| <input type="checkbox"/> Couples Club | <input type="checkbox"/> Prime Timers (65 +) | <input type="checkbox"/> Usher CORPS |
| <input type="checkbox"/> Empty Nesters (50 +) | <input type="checkbox"/> Singles (22-39) | |

COMMITTEES

- | | | |
|---|--|--|
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Caring Committee | <input type="checkbox"/> Interfaith |
| <input type="checkbox"/> Archives | <input type="checkbox"/> Community Relations | <input type="checkbox"/> Performing Arts |
| <input type="checkbox"/> Building and Grounds | <input type="checkbox"/> Fine Arts | <input type="checkbox"/> Outreach |
| | | <input type="checkbox"/> Youth |

Referred to Washington Hebrew Congregation by _____

What aspects of temple life are of current interest to you? _____

Parents of Member One _____ Member of WHC Yes No Other _____

Parents of Member Two: _____ Member of WHC Yes No Other _____

Other relatives who are now or were members of WHC _____

Do you own cemetery property? _____ Name and location _____

NAMES AND DATES OF THOSE FOR WHOM YOU WISH YAHRZEIT NOTICES SENT
(for married couples, please indicate to whom the Yahrzeit notice should be sent)

Name _____ Name _____

Relationship _____ to _____ Relationship _____ to _____

Date of Death _____ Date of Death _____
Mo /Day /Year Mo /Day /Year

Name _____ Name _____

Relationship _____ to _____ Relationship _____ to _____

Date of Death _____ Date of Death _____
Mo /Day /Ye Mo /Day /Year

Name _____ Name _____

Relationship _____ to _____ Relationship _____ to _____

Date of Death _____ Date of Death _____
Mo /Day /Year Mo /Day / Year

PLEASE COMPLETE AND SIGN APPLICATION ON NEXT PAGE

The Challenge and Privileges of Membership

Washington Hebrew Congregation was founded in 1852 by a handful of families. We are the oldest Jewish institution in Washington. We have grown with the community, and we have contributed to the community's development.

In the great tradition of our faith, our Temple serves its members completely and tirelessly. We are a caring community, responding to the needs of every individual and family. Using the finest available educational resources, our schools and youth programs present to our children the rich heritage of our faith. With the aid of our Sisterhood, Brotherhood, Couples, Singles, Prime Timers, Empty Nesters and other auxiliaries, our full and active programs serve every age group in the Congregation in a meaningful and personal way.

Washington Hebrew Congregation welcomes individuals and families to join our congregational family and share the benefits of membership.

No person is ever excluded from membership based upon financial ability.

One's annual contribution and capital fund pledge is determined by a fair share sliding scale schedule based on gross annual household income. Gross annual household income is defined as income received from all sources (earned and unearned), realized by all adult members of the family. All members over age 35 are expected to contribute their "fair share" (please see enclosed schedule).

I/We have assessed our gross annual income which is indicated in the Annual Contribution category of \$ _____.

My/Our Capital Fund pledge will be \$ _____.

Capital Fund pledges are payable over a ten year period in equal installments. However, should you wish to complete your pledge within three (3) years, you will receive a 15% discount.

I/We were previously members of WHC in _____.

I/We have previously been members of WHC Auxiliaries: Brotherhood Sisterhood
 Empty Nesters Prime Timers Couples Club

I/We had child(ren) enrolled in WHC Early Childhood Center Program

I/We plan to enroll child(ren) in Early Childhood Center Program: Year _____

Signed _____ Date _____
Application should be accompanied by a check for at least 25% of yearly Annual Contribution and yearly Capital Fund Pledge installment.

For Office Use Only

Date _____ I.D. # _____ Age _____ Rec'd Ch # _____ Amount \$ _____

Billing Instructions: AC _____ CF _____ Security Fee _____

THANK YOU FOR AFFILIATING WITH WASHINGTON HEBREW CONGREGATION