



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



[tradcong@sbcglobal.net](mailto:tradcong@sbcglobal.net)

ADULT #1		ADULT #2	
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other:		<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other:	
Name:		Name:	
Date of Birth      ____ / ____ / ____		Date of Birth      ____ / ____ / ____	
Cell phone (      )		Cell phone (      )	
e-mail		e-mail	
Address			
City, State, Zip			
Home phone (      )			
Wedding Anniversary (if applicable)      ____ / ____ / ____			
<input type="checkbox"/> Jewish mother <input type="checkbox"/> Jewish father		<input type="checkbox"/> Jewish mother <input type="checkbox"/> Jewish father	
Hebrew Name:		Hebrew Name:	
ben/bat      ____ v' ____ <small>Father's Hebrew name      Mother's Hebrew name</small>		ben/bat      ____ v' ____ <small>Father's Hebrew name      Mother's Hebrew name</small>	
<input type="checkbox"/> Kohen <input type="checkbox"/> Levi <input type="checkbox"/> Yisrael		<input type="checkbox"/> Kohen <input type="checkbox"/> Levi <input type="checkbox"/> Yisrael	
Conversion Date, if applicable: ____ / ____ / ____		Conversion Date, if applicable: ____ / ____ / ____	
Name of Rabbi:		Name of Rabbi:	
Occupation		Occupation	
Employer		Employer	
Work phone (      )		Work phone (      )	
Religious background in which you were raised: <input type="checkbox"/> Traditional <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Reform <input type="checkbox"/> Jewish unaffiliated <input type="checkbox"/> Other _____		Religious background in which you were raised: <input type="checkbox"/> Traditional <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Reform <input type="checkbox"/> Jewish unaffiliated <input type="checkbox"/> Other _____	
Most recent synagogue membership:			

## CHILDREN

<b>Child 1</b>	<b>Child 2</b>
Name _____	Name _____
Hebrew Name _____	Hebrew Name _____
Date of Birth     ____ / ____ / ____	Date of Birth     ____ / ____ / ____
Email _____	Email _____
<b>Child 3</b>	<b>Child 4</b>
Name _____	Name _____
Hebrew Name _____	Hebrew Name _____
Date of Birth     ____ / ____ / ____	Date of Birth     ____ / ____ / ____
Email _____	Email _____

## Yahrzeits

<b>Name of Loved One</b>	<b>Name of Loved One</b>
Relative of _____	Relative of _____
Relationship _____	Relationship _____
Date of Death   ____ / ____ / ____ ____ Before sunset   ____ After sunset	Date of Death   ____ / ____ / ____ ____ Before sunset   ____ After sunset
<b>Name of Loved One</b>	<b>Name of Loved One</b>
Relative of _____	Relative of _____
Relationship _____	Relationship _____
Date of Death   ____ / ____ / ____ ____ Before sunset   ____ After sunset	Date of Death   ____ / ____ / ____ ____ Before sunset   ____ After sunset

Emergency contact other than spouse:

Adult 1: \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
Name Phone

Adult 2: \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
Name Phone

**May we publish** your/your family's address, home #, cell #, email in our synagogue directory?  Yes  No

**May we use photos** of you/your family on our social media pages?  Yes  No

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, etc. (children).

- |  |  |
|--|--|
| <input type="checkbox"/> Accounting  | <input type="checkbox"/> Haftara Chanting  |
| <input type="checkbox"/> Artistic  | <input type="checkbox"/> Legal             |
| <input type="checkbox"/> Baking  | <input type="checkbox"/> Literary          |
| <input type="checkbox"/> Bikur Cholim  | <input type="checkbox"/> Membership        |
| <input type="checkbox"/> Building & Grounds  | <input type="checkbox"/> Office Volunteer  |
| <input type="checkbox"/> Carpentry   | <input type="checkbox"/> Photography       |
| <input type="checkbox"/> Chavura   | <input type="checkbox"/> Public Relations  |
| <input type="checkbox"/> Computer  | <input type="checkbox"/> Ritual            |
| <input type="checkbox"/> Cooking   | <input type="checkbox"/> Security          |
| <input type="checkbox"/> Chesed  | <input type="checkbox"/> Social Activities |
| <input type="checkbox"/> Editing/Proofreading  | <input type="checkbox"/> Torah Reading     |
| <input type="checkbox"/> Education <input type="checkbox"/> Youth <input type="checkbox"/> Adult | <input type="checkbox"/> Usher/Greeter     |
| <input type="checkbox"/> Event Planning  | <input type="checkbox"/> Youth Activities  |
| <input type="checkbox"/> Fundraising   | <input type="checkbox"/> Other _____       |
| <input type="checkbox"/> Grant Writing   |  |



**Traditional Congregation** 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 \_\_\_\_\_  phone (    ) \_\_\_\_\_

## TRADITIONAL CONGREGATION ANNUAL MEMBERSHIP DUES

CATEGORY	AMOUNT
Family	\$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 Synagogue \_\_\_\_\_

Address \_\_\_\_\_

Rabbi and phone number \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

### Building Fund Assessment

The Building Fund assessment is \$2,000.00 payable over five (5) years. Payment is deferred during the first year of membership, with the first installment payable during the second full year of membership. The Building Fund assessment does not begin until one head of household attains the age of 30.

For members over 65, the Building Fund assessment is \$1,000.00, payable over five (5) years. Payment is deferred during the first year of membership with the first installment payable during the second year of membership.

*it is the policy of Traditional Congregation that no one be excluded from membership for financial reasons!  
Please provide other comments or special circumstances we should be aware of:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature Adult #1 \_\_\_\_\_ Date \_\_\_\_\_

Signature Adult #2 \_\_\_\_\_ Date \_\_\_\_\_

#### FOR OFFICE USE ONLY

DATE RECEIVED: \_\_\_\_\_ DATE BOARD APPROVED: \_\_\_\_\_ RABBI'S APPROVAL: \_\_\_\_\_

MEMBERSHIP CATEGORY: \_\_\_\_\_ CHECK RECEIVED: \$ \_\_\_\_\_ # \_\_\_\_\_

WELCOME LETTER    RAKEFET    CONSTANT CONTACT    EMAIL    WHATSAPP