



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



**traditionalcong@gmail.com**

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: Traditional   Conservative   Orthodox Reform   Jewish unaffiliated   Other _____		Religious background in which you were raised: Traditional   Conservative   Orthodox Reform   Jewish unaffiliated   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 ____/____/____ <div> <div>_____ Before sunset</div> <div>_____ After sunset</div> </div>	Date of Death ____/____/____ <div> <div>_____ Before sunset</div> <div>_____ After sunset</div> </div>
<b>Name of Loved One</b>	<b>Name of Loved One</b>
Relative of	Relative of
Relationship	Relationship
Date of Death ____/____/____ <div> <div>_____ Before sunset</div> <div>_____ After sunset</div> </div>	Date of Death ____/____/____ <div> <div>_____ Before sunset</div> <div>_____ After sunset</div> </div>

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	\$1,915
Individual	\$1,365
Young Family (under 30)	\$1,090
Young Individual	\$815
Senior Family	\$1,090
Senior Individual	\$815
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:*

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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