



**WEST END SYNAGOGUE**  
*Khal Kodesh Adath Israel*  
 3810 West End Ave.  
 Nashville, TN 37205

**MEMBERSHIP APPLICATION**  
 P - (615) 269-4592  
 F - (615) 269-4695  
 E-mail – [office@westendsyn.org](mailto:office@westendsyn.org)  
[www.westendsyn.org](http://www.westendsyn.org)

**A center for Jewish community life, inspiration and celebration**

- Conservative, egalitarian congregation serving Middle Tennessee
- Active Men’s Club and Sisterhood
- New Young Parents & Preschool Children’s Group
- Award-winning Religious School
- Extensive adult education programs
- Affiliated with United Synagogue for Conservative Judaism
- Youth Groups for Pre-Teens & Teenagers
- Social events and social action programs
- Summer programs for Jewish youth at Camp Ramah
- Active social and cultural programs for Seniors

DATE: \_\_\_\_\_

MEMBER A	
<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.
<input type="checkbox"/> Ms.	<input type="checkbox"/> Dr.
<input type="checkbox"/> Other	_____
Last Name: _____	
First: _____	MI: _____
Nametag should read: _____	
Home Address: _____	
City: _____	State: _____ Zip: _____
Phone (home): _____	
Phone (cell): _____	
Fax: _____	
E-mail Address: _____	
Birthday: _____	Marital Status: _____
Anniversary Date: _____	
Occupation - Title/Position: _____	
Employer Name: _____	
Phone (work): _____	
Bus. Address: _____	
City: _____	State: _____ Zip: _____

MEMBER B (If applicable)	
<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.
<input type="checkbox"/> Ms.	<input type="checkbox"/> Dr.
<input type="checkbox"/> Other	_____
Last Name: _____	
First: _____	MI: _____
Nametag should read: _____	
Home Address: _____	
City: _____	State: _____ Zip: _____
Phone (home): _____	
Phone (cell): _____	
Fax: _____	
E-mail Address: _____	
Birthday: _____	Marital Status: _____
Anniversary Date: _____	
Occupation – Title/Position: _____	
Employer Name: _____	
Phone (work): _____	
Bus. Address: _____	
City: _____	State: _____ Zip: _____

JEWISH/HEBREW BACKGROUND
Hebrew Name (Express in English: e.g. “Yitzhak Aaron”): _____
Father’s Hebrew Name: _____
Mother’s Hebrew Name: _____
Bar/Bat Mitzvah Date: _____
Are both parents Jewish by birth? _____
I am a: <input type="checkbox"/> Kohen <input type="checkbox"/> Levi <input type="checkbox"/> Israel
I can: <input type="checkbox"/> Read Hebrew <input type="checkbox"/> Read Torah <input type="checkbox"/> Lead a Service
Did you convert to Judaism? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what was the name, date and affiliation of officiating Rabbi? _____ _____

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Did you convert to Judaism? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what was the name, date and affiliation of officiating Rabbi? _____ _____

**HOUSEHOLD****Children Living at home:**Name: \_\_\_\_\_  M  F Age: \_\_\_\_\_ D. O. B.: \_\_\_\_\_

Hebrew Name (Express in English: e.g. "Yitzhak Aaron"): \_\_\_\_\_

E-mail Address: \_\_\_\_\_ School/College: \_\_\_\_\_ Grade-Secular: \_\_\_\_\_ Religious: \_\_\_\_\_

College Address (if applicable): \_\_\_\_\_

Name: \_\_\_\_\_  M  F Age: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Hebrew Name (Express in English: e.g. "Yitzhak Aaron"): \_\_\_\_\_

E-mail Address: \_\_\_\_\_ School/College: \_\_\_\_\_ Grade-Secular: \_\_\_\_\_ Religious: \_\_\_\_\_

College Address (if applicable): \_\_\_\_\_

Name: \_\_\_\_\_  M  F Age: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Hebrew Name (Express in English: e.g. "Yitzhak Aaron"): \_\_\_\_\_

E-mail Address: \_\_\_\_\_ School/College: \_\_\_\_\_ Grade-Secular: \_\_\_\_\_ Religious: \_\_\_\_\_

College Address (if applicable): \_\_\_\_\_

Name: \_\_\_\_\_  M  F Age: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Hebrew Name (Express in English: e.g. "Yitzhak Aaron"): \_\_\_\_\_

E-mail Address: \_\_\_\_\_ School/College: \_\_\_\_\_ Grade-Secular: \_\_\_\_\_ Religious: \_\_\_\_\_

College Address (if applicable): \_\_\_\_\_

**Children away from home:**Name: \_\_\_\_\_  M  F Age: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_  M  F Age: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_  M  F Age: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Address: \_\_\_\_\_

**Yahrzeit Information**

NAME: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_ Hebrew Date: \_\_\_\_\_

Hebrew Name (Express in English: e.g. "Yitzhak Aaron"): \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_ Hebrew Date: \_\_\_\_\_

Hebrew Name (Express in English: e.g. "Yitzhak Aaron"): \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_ Hebrew Date: \_\_\_\_\_

Hebrew Name (Express in English: e.g. "Yitzhak Aaron"): \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_ Hebrew Date: \_\_\_\_\_

Hebrew Name (Express in English: e.g. "Yitzhak Aaron"): \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_ Hebrew Date: \_\_\_\_\_

Hebrew Name (Express in English: e.g. "Yitzhak Aaron"): \_\_\_\_\_

**WEST END SYNAGOGUE COMMITTEES/ACTIVITIES**

I and/or my spouse are interested in serving on the following committees: (Based on committee availability)

<i>Standing Committees:</i>	Please specify Member A or B:		Please specify Member A or B:
<input type="checkbox"/> Adult Education		<input type="checkbox"/> Cemetery	
<input type="checkbox"/> Finance and Budget		<input type="checkbox"/> Facilities	
<input type="checkbox"/> Membership		<input type="checkbox"/> Personnel	
<input type="checkbox"/> Religious School		<input type="checkbox"/> Ritual	
<input type="checkbox"/> Families w/Young Children		<input type="checkbox"/> Youth	
<input type="checkbox"/> High Holidays		<input type="checkbox"/> Programming	
<i>Auxiliary Committees and Other Activities:</i>			
<input type="checkbox"/> Chevra Kadisha (Buriel Society)		<input type="checkbox"/> Men's Club	
<input type="checkbox"/> Publicity/Marketing		<input type="checkbox"/> Sisterhood	
<input type="checkbox"/> Shabbat Shalom (weekly bulletin)		<input type="checkbox"/> Social Action	

What special skills, expertise, talents or interests would you like to share with our synagogue? (e.g. Musical, calligraphy etc.):

Member A: \_\_\_\_\_  
 Member B: \_\_\_\_\_

**PRIOR EXPERIENCE**

Prior Synagogue Leadership/Activities: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Other Organizations & Positions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

As a member of West End Synagogue, I/we agree to abide by the rules, bylaws and acts of the Board of Directors including the payment of dues and other financial obligations.

\_\_\_\_\_ date \_\_\_\_\_ date  
**Applicant's Signature**                      **Applicant's signature**