



WELCOME TO THE OR AMI COMMUNITY



Congregation Or Ami is a dynamic Reform synagogue and the center of Jewish life in the Lafayette Hill area. We foster meaningful experiences through life-long education, spiritual worship, social action, and acts of loving kindness.

We believe in transforming our tomorrow by inspiring and supporting an inclusive and diverse congregation. With links to our past and an imaginative and contemporary eye towards the future, we practice Judaism filled with compassion, love, music and joy. Our connected congregation shines an innovative light on our Jewish traditions as we support each other through life's most significant moments.

We are a warm, welcoming congregation that seeks to fulfill the ethics of our forefathers and foremothers in our passion for worship, quest to study Torah, strengthen Israel, and perform daily acts of *tikkun olam* - healing the world.

Congregation Or Ami is affiliated with the Union for Reform Judaism (URJ).

MEMBER INFORMATION

DATE: _____

Mailing Address: _____

Street Address

City

State

Zip

	Adult 1	Adult 2
First Name	Geoffrey	Ruth
Duffine	Duffine	Duffine
Nickname	Geoff	Ruthie
Gender	male	female
Hebrew Name	Gedaliah ben Rueven	Root bat Avraham v. Chaika
Home Phone		
Cell Phone	215-260-4281	215-480-1622
Work Phone		
Email Address	7124 Sheaff Lane Ft. Washington, Pa 19034	
Date of Birth – Include Year	05/21/1949	05/31/1951
Marital Status (Single, Married, Divorced, Widowed)	married	married
Anniversary Date (if married) – Include Year	August 11, 1974	same
Occupation	business owner	retired teacher
Last synagogue you belonged to	TBI	
Last year of affiliation	2020	
How do you identify, religiously (Reform, Conservative, Orthodox, Non-Jewish, Other)?	Reform	Reform/Conservative
Tell us about your Jewish Education (attended RS? Bar/Bat Mitzvah? Confirmation?)	Bar Mitzvah/Confirmed at Norristown Jewish Community Center	Bat Mitzvah/Confirmation/ Gratz College High School/ Gratz College Adult and Melton classes
Is there anything else you would like us to know about you?	Children and grandchildren belong here. Two grandsons had Bar Mitzvah here	

YAHREZIT RECORDS (attach an additional sheet of paper, if necessary)

Name of Deceased	Relationship (mother, father, spouse, etc.)	Indicate if related to Adult 1 or Adult 2	Date of Death	Do you want to be contacted on the Hebrew or Secular Date?

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CHILDREN

Full Name: _____ Date of Birth: _____

Hebrew Name: _____
(Child's name ben/bat Father's Hebrew name v' Mother's Hebrew Name)

ECE Center: ___ Will Attend ___ Is Currently Attending ___ Has Attended ___ Undecided

Religious School: ___ Will Attend ___ Is Currently Attending ___ Has Attended ___ Undecided

Grade: _____ Name of School: _____

Interested in becoming Bar/Bat Mitzvah? ___ Yes ___ No ___ Undecided Already became Bar/Bat Mitzvah on: _____

Full Name: _____ Date of Birth: _____

Hebrew Name: _____
(Child's name ben/bat Father's Hebrew name v' Mother's Hebrew Name)

ECE Center: ___ Will Attend ___ Is Attending ___ Has Attended ___ Undecided

Religious School: ___ Will Attend ___ Is Attending ___ Has Attended ___ Undecided

Grade: _____ Name of School: _____

Interested in becoming Bar/Bat Mitzvah? ___ Yes ___ No ___ Undecided Already became Bar/Bat Mitzvah on: _____

Full Name: _____ Date of Birth: _____

Hebrew Name: _____
(Child's name ben/bat Father's Hebrew name v' Mother's Hebrew Name)

ECE Center: ___ Will Attend ___ Is Attending ___ Has Attended ___ Undecided

Religious School: ___ Will Attend ___ Is Attending ___ Has Attended ___ Undecided

Grade: _____ Name of School: _____

Interested in becoming Bar/Bat Mitzvah? ___ Yes ___ No ___ Undecided Already became Bar/Bat Mitzvah on: _____

(Attach additional sheets, if necessary)

PERMISSIONS

Please indicate your approval for Or Ami to use your personal information and pictures:

- ___ Yes ___ No We give permission for our family members' names, addresses, email addresses, phone numbers and occupations to be listed in the congregation's membership directory. We also give permission for the birthdates of our minor children to be listed in the congregation's membership directory. (This is an online directory, accessed by members only.)
- ___ Yes ___ No We give permission for our family members' names and/or photographs to appear in the weekly email, Shabbat Program, and/or Monthly Newsletter.
- ___ Yes ___ No We give permission for our family members' names and/or photographs to appear on the synagogue's web site.
- ___ Yes ___ No We give permission for our family members' names and/or photographs to appear on the synagogue's social media platforms.

Signature – Adult 1 _____ Date _____ Signature – Adult 2 _____ Date _____

Tell Us Some of the Ways In Which You Would Like To Become Involved:

<input type="checkbox"/> Adult Choir	Name(s) of Person(s) interested: _____
<input type="checkbox"/> Adult Education Classes	Name(s) of Person(s) interested: _____
<input type="checkbox"/> Brotherhood	Name(s) of Person(s) interested: _____
<input type="checkbox"/> Building and Grounds Committee	Name(s) of Person(s) interested: _____
<input type="checkbox"/> COASAC (Or Ami's Social Action Committee)	Name(s) of Person(s) interested: _____
<input type="checkbox"/> ECE Center Parents Committee (PTO)	Name(s) of Person(s) interested: _____
<input type="checkbox"/> Finance Committee	Name(s) of Person(s) interested: _____
<input type="checkbox"/> Fine Arts Committee	Name(s) of Person(s) interested: _____
<input type="checkbox"/> Fundraising	Name(s) of Person(s) interested: _____
<input type="checkbox"/> Hebrew (Learning to read or teaching others)	Name(s) of Person(s) interested: _____
<input type="checkbox"/> Interfaith Couples	Name(s) of Person(s) interested: _____
<input type="checkbox"/> Marketing / Publicity (Synagogue Promotion)	Name(s) of Person(s) interested: _____
<input type="checkbox"/> Membership	Name(s) of Person(s) interested: _____
<input type="checkbox"/> Mitzvah Corp (helping others in need)	Name(s) of Person(s) interested: _____
<input type="checkbox"/> Musar (Jewish ethics, education, culture)	Name(s) of Person(s) interested: _____
<input type="checkbox"/> Religious Observance Committee	Name(s) of Person(s) interested: _____
<input type="checkbox"/> Religious School Parents Organization	Name(s) of Person(s) interested: _____
<input type="checkbox"/> Service Participation – Hebrew Reading	Name(s) of Person(s) interested: _____
<input type="checkbox"/> Service Participation – English Reading	Name(s) of Person(s) interested: _____
<input type="checkbox"/> Sisterhood	Name(s) of Person(s) interested: _____
<input type="checkbox"/> Torah Study	Name(s) of Person(s) interested: _____
<input type="checkbox"/> Youth Activities	Name(s) of Person(s) interested: _____

What Attracted You To Congregation Or Ami?

<input type="checkbox"/> We are new to the area	<input type="checkbox"/> The Early Childhood Education Center	<input type="checkbox"/> The Religious School
<input type="checkbox"/> We love the Rabbi!	<input type="checkbox"/> We love the Cantor!	<input type="checkbox"/> Seeking a change
<input type="checkbox"/> Membership Promotion	<input type="checkbox"/> Looking for a spiritual home	
<input type="checkbox"/> Recommended by friend.	Name of friend: _____	
<input type="checkbox"/> Recommended by a relative.	Name of relative: _____	

Any Other Comments?
