

MEMBERSHIP APPLICATION FORM FOR CONGREGATIONS

Name of Congregation: _____

Date of Founding: _____

Mailing Address: _____

Phone: _____ Fax: _____

Email: _____

Website: _____

Name of Newsletter _____

A. MEMBERSHIP INFORMATION

	<i>Now</i>	<i>5 Years Ago</i>
A1. Total Number of Member Households	_____	_____
A2. Number of Two Adult Households (with children/ without children)	_____/_____ _____	_____/_____ _____
A3. Number of Single Adult Households (with children/ without children)	_____/_____ _____	_____/_____ _____
A4. Total Number of Religious School Students	_____	_____
A5. Number in Nursery and/or Kindergarten	_____	_____
A6. Number in Elementary Grades	_____	_____
A7. Number in High School	_____	_____



B. LAY LEADERSHIP

<i>Name</i>	<i>Address</i>	<i>Phone & Email</i>
B1. President / Chair		
B2. Vice-President / Co-Chair		
B3. Treasurer		
B4. Education Committee Chair		
B5. Membership Chair		
B6. Ritual Chair		
B7. Tikkun Olam Chair		
B8. Finance Committee Chair		
B9. Newsletter Editor		
B11. Youth Advisor		
B12. Other _____		



C. PROFESSIONAL LEADERSHIP

Name	Address	Phone & Email
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C1. Rabbi _____	_____	_____
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Employment Status: (circle one) Full-time Part-time (Days/% _____) Student
 Seminary: _____ Year: _____

C1. Associate / Co- Rabbi _____	_____	_____
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Employment Status: (circle one) Full-time Part-time (Days/% _____) Student
 Seminary: _____ Year: _____

C3. Cantor _____	_____	_____
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Employment Status: (circle one) Full-time Part-time (Days/% _____) Volunteer
 Seminary: _____ Year: _____

C4. Exec Director / Administrator _____	_____	_____
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Employment Status: (circle one) Full-time Part-time (Days/% _____)

C5. Education Director _____	_____	_____
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Employment Status: (circle one) Full-time Part-time (Days/% _____)

C6. Other _____ _____	_____	_____
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Employment Status: (circle one) Full-time Part-time (Days/% _____)

D. RELIGIOUS SERVICES

D1. How regularly does your community hold services?

Friday evenings _____ Saturday mornings _____
 Weekday mornings _____ Holidays _____ Other _____

D2. Who leads services? _____

D3. About how many people attend services?

Friday evening _____ Saturday morning _____
 Weekday morning _____ Holidays _____

D4. Which prayerbook(s) do you use? _____

****If you conduct experimental or original services, please attach copies of material used.**services, please attach copies of material used.****



E. CONGREGATIONAL PROFILE

E1. Why are you applying to affiliate with the Reconstructionist movement and what process(es) has your leadership and membership gone through toward this affiliation application? _____

E2. Is your community previously or presently affiliated with a different organization? If so, please explain why affiliation was ended. _____

E3. Does your congregation own a building? _____
If not, where do you meet? _____

E4. How is your Board structured? Please explain briefly. Include positions, frequency of meetings, elections, term-limits, decision-making process, and the nomination process. _____

E5. Please give a listing of the various committees that are active in your community. _____

E6. Please list any affinity groups or clubs in your community (e.g. Gay/Lesbian, 12-Step, Youth Group)



E7. Some things which our community is most proud of and do not plan to change are:

1. _____
2. _____
3. _____

E8. Some goals we would like to achieve in the next year are:

1. _____
2. _____
3. _____

E9. Some goals we would like to achieve in the next 5 years are:

1. _____
2. _____
3. _____

E10. What are your community's strengths?

1. _____
2. _____
3. _____

E11. What are some of the challenges your community is currently facing?

1. _____
2. _____
3. _____

*****Please attach a copy of a brief history of your community and your community by-laws and/or mission statement.*****



F. FINANCIAL STATUS

F1. What is your present total annual budget? _____

F2. Minimum Dues _____ Average Dues _____

F3. Briefly describe your dues plan. _____

F4. What is the community's annual income from endowments? _____

F5. What is the community's annual income from fund-raising programs? _____

F.6

The Congregational contact (e.g. treasurer, bookkeeper, controller) who will be handling dues payments to the Jewish Reconstructionist Movement is:

Name:

Phone Numbers:

E-mail:

*****Please attach a copy of your budget and deficit/surplus for the last fiscal year.*****



G. GENERAL COMMUNITY: PROFILE

G1. Area Population: General _____ Jewish _____

G2. Are there other Jewish congregations in your area? (circle one) Yes No

G3. Orthodox (circle one) Yes No How many? _____

G4. Conservative (circle one) Yes No How many? _____

G5. Reform (circle one) Yes No How many? _____

G6. Reconstructionist (circle one) Yes No How many? _____

G7. Renewal (circle one) Yes No How many? _____

G8. Unaffiliated/Other (circle one) Yes No How many? _____

G9. Is there a Jewish day school in or near your community? _____

G10. What major institutions or colleges/universities are there in your area? _____

G11. In which general community activities does the community participate (e.g. Interfaith, Social Action, Environment) _____

G12. In which Jewish community activities does the community participate (e.g. Federation, Community Relations Council, Nursing Homes, etc.) _____

H. YOUTH EDUCATIONAL PROGRAMMING

H1. Do you have a Religious School? (circle one) Yes No

H2. If not, do you intend to start a school in the future? (circle one) Yes No

H3. Would you be interested in materials on children's educational programming and creating a Religious School? (circle one) Yes No

These will be sent to the President unless otherwise indicated.

H4. If so, how many children are enrolled? _____ What is the range of ages? _____

H5. Do you have a pre-school program? (circle one) Yes No

H6. Do you have a post B'nai Mitzvah program? (circle one) Yes No

H7. How many hours per week does your Religious School meet? _____

H8. How many days per week does it meet? _____

H9. How many teachers do you employ? _____ Professional _____ Lay _____

**** Please attach a sample curriculum with a description and course of studies. ****



I. ADULT EDUCATIONAL PROGRAMMING

I1. Do you have an Adult Education program? (circle one) Yes No

I2. If not, would you like materials on Adult Educational Programming?
(circle one) Yes No

These will be sent to the President unless otherwise indicated.

I3. If so, please circle what form(s) Adult Education takes in your community.

Classes Seminars Lectures Study Groups/Hevruta Other _____

I4. About how many people participate in Adult Education programming? _____

I5. How regularly does Adult Education programming occur? _____

I6. If classes are held, who teaches the classes? _____

***** Please attach a listing of Adult Education programming for the past year. *****

