



Isaac Agree Downtown Synagogue
1457 Griswold • Detroit, MI 48226 • (313) 962-4047
www.downtownsynagogue.org • hello@downtownsynagogue.org

MEMBERSHIP APPLICATION/RENEWAL

Our membership year runs July 1 - June 30

Please fill out all the information requested below. You may also submit this form online at downtownsynagogue.org/membership.

Name(s) _____

Street Address _____

City _____ State _____ Zip _____

Name _____ Email _____ Best Phone # _____ B'date ____/____/____

Name _____ Email _____ Best Phone # _____ B'date ____/____/____

Name(s) of other family in the home _____

Religious tradition in which you were raised:

Reform Conservative Orthodox Reconstructionist

Secular/Humanist Other

Converted to Judaism (date) ____/____/____ Non-Jewish (please specify) _____

I would be interested in speaking to the Rabbi about conversion

How did you find out about the shul? _____

We are pleased you wish to become a member of Isaac Agree Downtown Synagogue. As per our by-laws, new membership applications are reviewed and approved by the Board of Directors. We look forward to being in touch with you. To become a member requires no financial commitment, though we do hope you will contribute to support the many wonderful programs and activities of IADS.

Membership does require that you subscribe to our mission and values:

MISSION: *The principal mission of the Downtown Synagogue is to serve as a beacon for the entire Jewish community of Metropolitan Detroit by maintaining an egalitarian synagogue, rooted in Jewish tradition and affirming of pluralistic practice, in downtown Detroit. It encourages inter-generational engagement and promotes broad-based participation by offering a wide range of programming and acting as a conduit for Jewish activity in the city. It is committed to supporting the revitalization of Detroit; and assuring accessibility to all.*

VALUES: Action, Humility, Place-Based, Courage to Learn & Have Dialogue, Kehila/Abundance, Diversity & Inclusion, Kindness & Compassion, Integrating Ritual & Action

I subscribe to the above mission and values (please check box to be considered for membership)

I want to financially support the Downtown Synagogue \$_____

(please make check payable to Downtown Synagogue or donate online at downtownsynagogue.org/donate)

Family Yahrzeit Dates

Names will be read aloud at the *Shabbat* preceding the *yahrzeit*. Please complete as much information as you know.

Person 1:

English name _____ *being remembered by* _____
Hebrew name _____ *English name*

Hebrew name _____ *being remembered by* _____
Hebrew name

English date of death _____ *Hebrew date of death* _____

Person 2:

English name _____ *being remembered by* _____
Hebrew name _____ *English name*

Hebrew name _____ *being remembered by* _____
Hebrew name

English date of death _____ *Hebrew date of death* _____

Person 3:

English name _____ *being remembered by* _____
Hebrew name _____ *English name*

Hebrew name _____ *being remembered by* _____
Hebrew name

English date of death _____ *Hebrew date of death* _____

Person 4:

English name _____ *being remembered by* _____
Hebrew name _____ *English name*

Hebrew name _____ *being remembered by* _____
Hebrew name

English date of death _____ *Hebrew date of death* _____

If you any have additional names, please attach a separate piece of paper.