



Membership Application/Data Form

Welcome! Please tell us a bit about yourself on this Membership Application/Data Form, and then complete the (separate) Membership Form, along with the Automatic Withdrawal Form on its reverse if you prefer not to pay your dues by annual check. These documents together will complete your application.

If you have questions, please contact our treasurer, Janet Grubel (jgrubel@gmail.com, 503 946-8781), or our administrator, Zmira Lovejoy (admin@pnaiorpd.org).

Thank you considering joining our community! We look forward to your participation and getting to know you.

Membership begins upon acceptance of both the Membership Application/Data Form and the Membership Form.

Completed forms should be mailed to:

P'nai Or of Portland
6948 SW Capitol Hwy
Portland, OR 97219

Adult name(s): _____

I (we) want to join P'nai Or and become an active member of a vibrant and egalitarian Jewish Renewal Community.

Signature: _____

Date: _____

(Please complete member data on reverse.)



Member #1:

Last name _____ First Name _____

Date of Birth _____ Hebrew Name _____

Address _____

Home Phone ____ - ____ - ____ Other phone ____ - ____ - ____

Email _____

Occupation _____

Special interests _____

Member #2 (Spouse/Partner):

Last name _____ First Name _____

Date of Birth _____ Hebrew Name _____

Home Phone ____ - ____ - ____ Other phone ____ - ____ - ____

Email _____

Occupation _____

Special interests _____

Children:

Name (English) _____ (Hebrew) _____ DOB _____

Name (English) _____ (Hebrew) _____ DOB _____

Name (English) _____ (Hebrew) _____ DOB _____

Yahrzeit Honoree Relationship Date of death Hebrew name (if known)

Please indicate what information, if any, you do not want included in the P'nai Or membership directory or other publications.