



Temple Beth Shalom

MEMBERSHIP APPLICATION	
Adult One	Adult Two
Full Name: _____ Last, First, Middle Preferred to be called:	Full Name: _____ Last, First, Middle Preferred to be called:
Title: ___Dr. ___Mr./Mrs. _____Other	Title: ___Dr. ___Mr./Mrs. _____Other
Address: _____ Street _____ City, State, Zip	Address: _____ Street _____ City, State, Zip
Home Phone: ()	Home Phone: ()
E-mail Address: (for temple use)	E-mail Address: (for temple use)
Second Address: _____ Street _____ City, State, Zip	Second Address: _____ Street _____ City, State, Zip
Marital Status: ___Married, ___Month ___Day ___Year ___Single ___Divorced ___Widowed	Marital Status: ___Married, ___Month ___Day ___Year ___Single ___Divorced ___Widowed
Date of Birth: ___Month ___Day ___Year	Date of Birth: ___Month ___Day ___Year
Place of Birth: _____City ___State _____Country	Place of Birth: _____City ___State _____Country
Parent's Full Names: Father: _____ _____ ___Living ___Deceased on _____ Mother: _____ _____ ___Living ___Deceased on _____	Parent's Full Names: Father: _____ _____ ___Living ___Deceased on _____ Mother: _____ _____ ___Living ___Deceased on _____
Occupation: Job Description _____ ___Full Time ___Part Time ___Retired ___Unemployed Employer/ Company: _____ Business Address: _____ Street _____ City, State, Zip	Occupation: Job Description _____ ___Full Time ___Part Time ___Retired ___Unemployed Employer/ Company: _____ Business Address _____ Street _____ City, State, Zip
Business Phone: ()	Business Phone: ()

MEMBERSHIP APPLICATION

Adult One	Adult Two
<p>Education: <input type="checkbox"/> High School <input type="checkbox"/> Some College <input type="checkbox"/> College Degree <input type="checkbox"/> Degree <input type="checkbox"/> Some Graduate School <input type="checkbox"/> Graduate Degree <input type="checkbox"/> Degree <input type="checkbox"/> Other</p> <p>Please check highest education level and degree.</p>	<p>Education: <input type="checkbox"/> High School <input type="checkbox"/> Some College <input type="checkbox"/> College Degree <input type="checkbox"/> Degree <input type="checkbox"/> Some Graduate School <input type="checkbox"/> Graduate Degree <input type="checkbox"/> Degree <input type="checkbox"/> Other</p> <p>Please check highest education level and degree.</p>
<p>Religious Tradition in which you were raised: <input type="checkbox"/> Reform, <input type="checkbox"/> Conservative, <input type="checkbox"/> Orthodox, <input type="checkbox"/> Secular, <input type="checkbox"/> Jewish by choice <input type="checkbox"/> Other _____</p> <p>(If not raised in the Jewish Tradition, you are) <input type="checkbox"/> Secular <input type="checkbox"/> Non-Jewish Denomination _____</p>	<p>Religious Tradition in which you were raised: <input type="checkbox"/> Reform, <input type="checkbox"/> Conservative, <input type="checkbox"/> Orthodox, <input type="checkbox"/> Secular, <input type="checkbox"/> Jewish by choice <input type="checkbox"/> Other _____</p> <p>(If not raised in the Jewish Tradition, you are) <input type="checkbox"/> Secular <input type="checkbox"/> Non-Jewish Denomination _____</p>
<p>Did your Jewish Education include: <input type="checkbox"/> Bar Mitzvah <input type="checkbox"/> Confirmation</p> <p>Congregation _____ Address _____ Dates of affiliation _____</p>	<p>Did your Jewish Education include: <input type="checkbox"/> Bat Mitzvah <input type="checkbox"/> Confirmation</p> <p>Congregation _____ Address _____ Dates of affiliation _____</p>
<p>Do you read Hebrew? <input type="checkbox"/> No <input type="checkbox"/> Yes: <input type="checkbox"/> Beginning, <input type="checkbox"/> Intermediate, <input type="checkbox"/> Advanced</p>	<p>Do you read Hebrew? <input type="checkbox"/> No <input type="checkbox"/> Yes: <input type="checkbox"/> Beginning, <input type="checkbox"/> Intermediate, <input type="checkbox"/> Advanced</p>
<p>Do you wish to participate in services? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Do you wish to participate in services? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Do you own Cemetery Lots? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes is the property at Temple Beth Shalom? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Do you own Cemetery Lots? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes is the property at Temple Beth Shalom? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Do you have any physical limitations of which we should be aware? <input type="checkbox"/> Vision <input type="checkbox"/> Mobility <input type="checkbox"/> Hearing <input type="checkbox"/> Other</p> <p>Additional information _____ _____ _____</p>	<p>Do you have any physical limitations of which we should be aware? <input type="checkbox"/> Vision <input type="checkbox"/> Mobility <input type="checkbox"/> Hearing <input type="checkbox"/> Other</p> <p>Additional information _____ _____ _____</p>
<p>In case of emergency the Temple should contact:</p> <p>_____ Last, First, Middle Phone at home: _____ Phone at work: _____</p>	<p>In case of emergency the Temple should contact:</p> <p>_____ Last, First, Middle Phone at home: _____ Phone at work: _____</p>

Please fill in the following for each of your children:

Name:			
Nickname:			
Address (if different from yours):			
Date of Birth:	__Month __Day ____Year	__Month __Day ____Year	__Month __Day ____Year
Sex:	M / F	M / F	M / F
Religious/Hebrew School	__Attended __Attending __Grade	__Attended __Attending __Grade	__Attended __Attending __Grade
Bar/Bat Mitzvah	__No __Yes, Date__	__No __Yes, Date__	__No __Yes, Date__
Confirmation	__No __Yes, Date__	__No __Yes, Date__	__No __Yes, Date__
Temple Youth Group Member	__Yes __No	__Yes __No	__Yes __No
Marital Status:			
Spouse' Name			
E-mail Address (for temple use)			

Please fill in the following for each of your children:

Name:			
Nickname:			
Address (if different from yours):			
Date of Birth:	__Month __Day ____Year	__Month __Day ____Year	__Month __Day ____Year
Sex:	M / F	M / F	M / F
Religious/Hebrew School	__Attended __Attending __Grade	__Attended __Attending __Grade	__Attended __Attending __Grade
Bar/Bat Mitzvah	__No __Yes, Date__	__No __Yes, Date__	__No __Yes, Date__
Confirmation	__No __Yes, Date__	__No __Yes, Date__	__No __Yes, Date__
Temple Youth Group Member	__Yes __No	__Yes __No	__Yes __No
Marital Status:			
Spouse' Name			

In case of emergency the Temple should contact:

(Please fill in if different from above information)

Last, First, Middle

Phone at home: _____

Phone at work: _____

Personal Interests			
Adult One		Adult Two	
TBS Activities	Skills and Interests	TBS Activities	Skills and Interests
<input type="checkbox"/> Adult Education <input type="checkbox"/> Brotherhood <input type="checkbox"/> Budget <input type="checkbox"/> Building and Grounds <input type="checkbox"/> Cemetery <input type="checkbox"/> Chai Club <input type="checkbox"/> Choir <input type="checkbox"/> Cooking <input type="checkbox"/> Endowment <input type="checkbox"/> Fundraising <input type="checkbox"/> Judaica shop <input type="checkbox"/> High Holidays <input type="checkbox"/> Library <input type="checkbox"/> Membership <input type="checkbox"/> Music <input type="checkbox"/> Newsletter <input type="checkbox"/> Nominating <input type="checkbox"/> Pre -School <input type="checkbox"/> Public Relations <input type="checkbox"/> Religious School <input type="checkbox"/> Social Action <input type="checkbox"/> Temple Board <input type="checkbox"/> Transportation <input type="checkbox"/> Usher <input type="checkbox"/> Worship Committee <input type="checkbox"/> Youth Group <input type="checkbox"/> Host Shabbat Kiddush Service <input type="checkbox"/> Reader at Sabbath Service <input type="checkbox"/> English <input type="checkbox"/> Hebrew <input type="checkbox"/> Other <input type="checkbox"/> Have someone call me	<input type="checkbox"/> Accounting <input type="checkbox"/> Art <input type="checkbox"/> Athletics <input type="checkbox"/> Camping and Scouting <input type="checkbox"/> Clerical <input type="checkbox"/> Cooking <input type="checkbox"/> Creative writing <input type="checkbox"/> Dancing <input type="checkbox"/> Drama <input type="checkbox"/> Journalism <input type="checkbox"/> Library <input type="checkbox"/> Musical Instruments <input type="checkbox"/> Foreign Language(s) _____ _____ _____ <input type="checkbox"/> Painting <input type="checkbox"/> Photography <input type="checkbox"/> Sewing <input type="checkbox"/> Singing <input type="checkbox"/> Teaching <input type="checkbox"/> Typing <input type="checkbox"/> Woodwork <input type="checkbox"/> Other _____ _____ _____	<input type="checkbox"/> Adult Education <input type="checkbox"/> Sisterhood <input type="checkbox"/> Budget <input type="checkbox"/> Building and Grounds <input type="checkbox"/> Cemetery <input type="checkbox"/> Chai Club <input type="checkbox"/> Choir <input type="checkbox"/> Cooking <input type="checkbox"/> Endowment <input type="checkbox"/> Fundraising <input type="checkbox"/> Judaica shop <input type="checkbox"/> High Holidays <input type="checkbox"/> Library <input type="checkbox"/> Membership <input type="checkbox"/> Music <input type="checkbox"/> Newsletter <input type="checkbox"/> Nominating <input type="checkbox"/> Pre -School <input type="checkbox"/> Public Relations <input type="checkbox"/> Religious School <input type="checkbox"/> Social Action <input type="checkbox"/> Temple Board <input type="checkbox"/> Transportation <input type="checkbox"/> Usher <input type="checkbox"/> Worship Committee <input type="checkbox"/> Youth Group <input type="checkbox"/> Host Shabbat Kiddush Service <input type="checkbox"/> Reader at Sabbath Service <input type="checkbox"/> English <input type="checkbox"/> Hebrew <input type="checkbox"/> Other <input type="checkbox"/> Have someone call me	<input type="checkbox"/> Accounting <input type="checkbox"/> Art <input type="checkbox"/> Athletics <input type="checkbox"/> Camping and Scouting <input type="checkbox"/> Clerical <input type="checkbox"/> Cooking <input type="checkbox"/> Creative writing <input type="checkbox"/> Dancing <input type="checkbox"/> Drama <input type="checkbox"/> Journalism <input type="checkbox"/> Library <input type="checkbox"/> Musical Instruments <input type="checkbox"/> Foreign Language(s) _____ _____ _____ <input type="checkbox"/> Painting <input type="checkbox"/> Photography <input type="checkbox"/> Sewing <input type="checkbox"/> Singing <input type="checkbox"/> Teaching <input type="checkbox"/> Typing <input type="checkbox"/> Woodwork <input type="checkbox"/> Other _____ _____ _____

YARZEIT RECORDS		
Name	Relationship	Date
Last _____ First _____ Middle _____		Month _____ Day _____ Year _____
Last _____ First _____ Middle _____		Month _____ Day _____ Year _____
Last _____ First _____ Middle _____		Month _____ Day _____ Year _____
Last _____ First _____ Middle _____		Month _____ Day _____ Year _____