

Temple Shalom Membership Application

Date _____

Please print.

Name: _____

Address: _____

City, State, Zip: _____

Previous Affiliation: _____

How did you learn about Temple Shalom? _____

	Adult 1	Adult 2
Full Name (First, M.I., Last)		
Name as you would like to be listed in roster		
Title		
Please check the appropriate box:	<input type="checkbox"/> I am Jewish <input type="checkbox"/> I am converting	<input type="checkbox"/> I am Jewish <input type="checkbox"/> I am converting
Date of Birth (m/d/y)		
Date of marriage (m/d/y)		
Home Phone Number		
Occupation		
Employer Name		
Employer Address		
Work Phone		
Email Address		
Are you related to any other member of Temple Shalom? Whom? Relationship?		
Hebrew Name (English Transliteration) (circle one)	Kohane Levi Yisrael	Kohane Levi Yisrael

For Interfaith Couples

To help us plan programs of interest, which partner is not Jewish? _____

Are all the children being raised in the Jewish Faith? (circle one) Yes No

What programs would be helpful for you and / or your family? _____

Children

Name (English) _____ Male _____ Female _____
 Hebrew Name (English Transliteration) _____
 Public School attended _____
 Grade (Public School) _____ Religious School _____
 Birthdate _____

Name (English) _____ Male _____ Female _____
 Hebrew Name (English Transliteration) _____
 Public School attended _____
 Grade (Public School) _____ Religious School _____
 Birthdate _____

Name (English) _____ Male _____ Female _____
 Hebrew Name (English Transliteration) _____
 Public School attended _____
 Grade (Public School) _____ Religious School _____
 Birthdate _____

Deceased Loved Ones for our Yahrzeit Records

Please check if you prefer to observe yahrzeits on the Hebrew date.

All requested information is necessary to insure that we are able to correctly
 notify you of approaching yahrzeits.

Name of Deceased

Relationship

English Date of Death
 (m/d/y), before or after sundown

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____