



## Membership Application

Last Name: \_\_\_\_\_

First Name 1 \_\_\_\_\_ Personal e-mail \_\_\_\_\_

First Name 2 \_\_\_\_\_ Personal e-mail \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City

State

Zip Code

Home Phone #: \_\_\_\_\_ Cell # \_\_\_\_\_

Primary E-mail (for dues, newsletter, announcements: \_\_\_\_\_

May we share this information with our Men's Club, Sisterhood and Friendship Club  Yes  No

Marital Status:  single  married  divorced (former spouse aware of joining TBA?) Y

Previous Temple Affiliation

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Dates: \_\_\_\_\_

Building Fund paid \$ \_\_\_\_\_

How did you learn about or who referred you to Temple Beth Am ? \_\_\_\_\_

Membership Category: Family Parent/Child Single Senior? Y N

What is your primary reason for joining TBA?

Religious School  Attend Services  Jewish Programming  Other: \_\_\_\_\_

**Membership Application- Page 2**

Please help us get to know you and your family better by completing the following information.

**ADULT 1**

First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Preferred Name: \_\_\_\_\_  
Title Preferred: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Hebrew Name: \_\_\_\_\_  
Current Marital  
Status:           S   M   D   W  
If Married –  
Date of marriage: \_\_\_\_\_  
Occupation \_\_\_\_\_  
Full-Time \_\_\_Part-Time \_\_\_Retired \_\_\_  
Employer \_\_\_\_\_  
Business Phone: \_\_\_\_\_Ext \_\_\_\_\_  
Cell Phone \_\_\_\_\_

**ADULT 2**

First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Preferred Name: \_\_\_\_\_  
Title Preferred: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Hebrew Name: \_\_\_\_\_  
Current Marital  
Status:           S   M   D   W  
If Married –  
Date of marriage: \_\_\_\_\_  
Occupation \_\_\_\_\_  
Full-Time \_\_\_Part-Time \_\_\_Retired \_\_\_  
Employer \_\_\_\_\_  
Business Phone: \_\_\_\_\_Ext \_\_\_\_\_  
Cell Phone \_\_\_\_\_

**RELIGIOUS BACKGROUND**

Jewish \_\_\_Denomination \_\_\_\_\_  
Other \_\_\_Denomination \_\_\_\_\_

**RELIGIOUS BACKGROUND**

Jewish \_\_\_Denomination \_\_\_\_\_  
Other \_\_\_Denomination \_\_\_\_\_

**JEWISH EDUCATION**

Bar/Bat Mitzvah Y N Date \_\_\_\_\_  
Confirmation Y N Date \_\_\_\_\_  
Other \_\_\_\_\_Date \_\_\_\_\_

**JEWISH EDUCATION**

Bar/Bat Mitzvah Y N Date \_\_\_\_\_  
Confirmation Y N Date \_\_\_\_\_  
Other \_\_\_\_\_Date \_\_\_\_\_

**SPECIAL INTERESTS/HOBBIES**

\_\_\_\_\_  
\_\_\_\_\_

**SPECIAL INTERESTS/HOBBIES**

\_\_\_\_\_  
\_\_\_\_\_

**PLEASE FILL IN THE INFORMATION AS IT APPLIES TO YOUR CHILD:**

	<b>Child 1</b>	<b>Child 2</b>	<b>Child 3</b>
Name	_____	_____	_____
Nickname:	_____	_____	_____
Sex:	_____	_____	_____
Birth Date:	_____	_____	_____
Hebrew Name:	_____	_____	_____
B/Mitzvah Date:	_____	_____	_____
Confirmation Date:	_____	_____	_____
E-Mail	_____	_____	_____

**Membership Application – Page 3**

Yahrzeits are observed and announced at Shabbat service. Please list the names of those you wish remembered, their relationship to the specific family member, and English month, day and year of death:

Yahrzeit remembered on Hebrew or English date ?

circle one Hebrew    English

Name of Deceased	Relationship to specific family member	Date of Death

**I would like to learn more about or be involved in the following:  
The committee chair will contact you to follow up.**

	ADULT 1	ADULT 2
Adult Education	_____	_____
Beautification	_____	_____
Book Group	_____	_____
Caring Committee	_____	_____
Choir	_____	_____
Family Club	_____	_____
Finance	_____	_____
Housing/Building	_____	_____
Marketing	_____	_____
Membership	_____	_____
Men's Club	_____	_____
Newsletter	_____	_____
Onegs	_____	_____
Outreach	_____	_____
Publicity	_____	_____
Religious School	_____	_____
Ritual Committee	_____	_____
Social Action	_____	_____
Sisterhood	_____	_____
Temple Board	_____	_____
Temple Programs	_____	_____
Fundraising	_____	_____
Website	_____	_____
Youth Group Committee	_____	_____