



New Member Application

Welcome to Temple Beth Shalom. We are delighted that you have chosen to be a part of our community. Please call the synagogue office or email us if you have a question or need assistance. We look forward to getting to know you and hope your experience at TBS will be positive.

ALL INFORMATION IS HELD IN CONFIDENCE FOR SYNAGOGUE USE ONLY

	ADULT 1					ADULT 2				
TITLE YOU PREFER:	Dr.	Mr.	Mrs.	Ms.	Miss	Dr.	Mr.	Mrs.	Ms.	Miss
FIRST NAME:	_____					_____				
LAST NAME:	_____					_____				
NICKNAME:	_____					_____				
EMAIL ADDRESS:	_____					_____				
DATE OF BIRTH: <i>(For dues purposes)</i>	_____					_____				
HOME PHONE NUMBER:	_____					_____				
CELL PHONE NUMBER:	_____					_____				
LOCAL ADDRESS:	_____					_____				
	_____					_____				

May the **above** information (except for date of birth) be distributed to the congregation in a membership directory?

Yes No

MARITAL STATUS: Married w/Partner Single Divorced Widowed

ANNIVERSARY DATE: _____

Current Religious Tradition/Affiliation:		Current Religious Tradition/Affiliation:	
Reform	Conservative	Reform	Conservative
Orthodox	Reconstr.	Orthodox	Reconstr.
Secular	Non-Jewish	Secular	Non-Jewish

If applicable, Hebrew name: _____

Bar/Bat Mitzvah Date:/Portion: _____

Confirmation Date: _____

Congregation/City: _____

Hebrew Fluency: None Beginner None Beginner
 Moderate Advanced Moderate Advanced

Membership Information

New Re-Joining Dates of membership: _____

Do you have friends or family who are members of TBS? Yes No

If yes, please list:

Name: _____ Relation: _____

Name: _____ Relation: _____

Name: _____ Relation: _____

Name: _____ Relation: _____

WHERE WERE YOU LAST AFFILIATED?

Temple/Synagogue Name: _____

City/State/Zip: _____

Synagogue affiliation : Dates of membership: _____

Reform Conservative Orthodox Reconstructionist Secular Non-Jewish

If you have an alternative address for part of the year, please list it below along with the approximate dates each year you are there, so that we can forward your mail.

ADDRESS: _____

GONE FROM (*approx.*): _____ TO _____ EACH YEAR.

EMERGENCY CONTACT (*Not in your Household*):

Name: _____ Relation: _____

Home Phone: _____ Cell Phone: _____

CEMETERY ARRANGEMENTS

I do not have a plot
Contact me about TBS Cemetery

I do not have a plot
Contact me about TBS Cemetery

I have a plot; # _____

I have a plot; # _____

Cemetery Name: _____

Cemetery Name: _____

Address: _____

Address: _____

MINOR CHILDREN IN THE HOUSEHOLD

Full Name	Hebrew Name in English	Birth Date	Sex	Anticipated HS Grad Year	Been to Isreal?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

OTHER ADULTS, 18 OR OLDER LIVING IN YOUR HOUSE (INCLUDING CHILDREN IN COLLEGE)

Name	Birth Date	Bar/BatMitzvah Date - if known	Currently in College?	College Attending	Been to Isreal?
_____	_____	_____	Yes No	_____	_____
_____	_____	_____	Yes No	_____	_____
_____	_____	_____	Yes No	_____	_____
_____	_____	_____	Yes No	_____	_____

Yahrzeit Information

Reminder & annual reading of name will be based on secular calendar

Name: _____
 Relationship to Adult 1: _____
 Date of Death: _____

Name: _____
 Relationship to Adult 2: _____
 Date of Death: _____

Name: _____
 Relationship to Adult 1: _____
 Date of Death: _____

Name: _____
 Relationship to Adult 2: _____
 Date of Death: _____

Name: _____
 Relationship to Adult 1: _____
 Date of Death: _____

Name: _____
 Relationship to Adult 2: _____
 Date of Death: _____

Name: _____
 Relationship to Adult 1: _____
 Date of Death: _____

Name: _____
 Relationship to Adult 2: _____
 Date of Death: _____

Please indicate if you observe: English Date Hebrew Date

FOR MEMBERSHIP COMMITTEE ONLY

Date received: _____ Date verified: _____
 Date approved by board: _____ Letter sent: _____
 Committee chair signature: _____ Date: _____

HOW WOULD YOU LIKE TO GET INVOLVED AT TEMPLE BETH SHALOM?

Every member is encouraged to take part in our array of diverse activities, including a variety of committees. Please indicate your areas of interest. Please check box 1 for adult 1 and/or box 2 for adult 2 for each item that applies.

I/we would be interested in learning more about the following Temple committees or activities

- | 1 | 2 | 1 | 2 |
|--------------------------------|---|--|---|
| Adult choir | | Marketing and advertising committee | |
| Adult education committee | | Membership committee | |
| Biblical garden committee | | Outreach committee (interfaith & unaffiliated) | |
| Book club | | Religious School Committee | |
| Brotherhood (men's club) | | Religious Practices committee | |
| Budget and finance committee | | Safety & Security committee | |
| Building and grounds committee | | Sisterhood | |
| Caring committee | | Social Action committee | |
| Endowment (planned giving) | | Technology committee | |
| Fundraising committee | | Temple library | |

I/we would be interested in learning more about the following volunteer opportunities

- | 1 | 2 | 1 | 2 |
|--|---|--------------------------------------|---|
| Assist with religious school events | | Open your home to a TBS event | |
| Assist with social activities | | Participate in a leadership capacity | |
| Courtesy visits to homebound congregants | | Usher for Shabbat/HHD services | |
| Greet prior to services and programs | | Serve as a mentor for a new convert | |
| Office help general | | Welcome new member. | |

What are your skills, interests and hobbies?

- | 1 | 2 | 1 | 2 |
|----------------------------|---|---|---|
| Artistic talents | | Singing | |
| Carpentry | | Social media | |
| Computer/software | | Travel | |
| Cooking | | Tutor Hebrew | |
| Crafts | | Writing/editing | |
| Finance | | Desktop publishing/newsletter/brochures | |
| Fundraising | | Other | |
| Leading a Shiva Minyan | | _____ | |
| Photography | | _____ | |
| Playing musical instrument | | | |

Signature Adult 1
Date: _____

Signature Adult 2
Date: _____