



TEMPLE EMANU-EL

FROM GENERATION TO GENERATION

לדור ודור

*Temple Emanu-El is a place of meaningful prayer,
thoughtful study and a home for celebration
for generations to come.*

Membership Application

Welcome! We are excited you are joining our family. Please complete this Membership Application and return it to the Temple office.

CELEBRATE OUR PAST — BUILD FOR OUR FUTURE

ADULT MALE

ADULT FEMALE

<i>Title</i>	<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. Other: _____	<input type="checkbox"/> Dr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss Other: _____
<i>First Name & Middle Initial</i>	_____	_____
<i>Last Name</i>	_____	_____
	<input type="checkbox"/> Kohen <input type="checkbox"/> Levi	<input type="checkbox"/> Bat Kohen <input type="checkbox"/> Bat Levi
<i>Hebrew Name (May be Transliterated)</i>	_____	_____
<i>Parent's Names</i>	BEN (SON OF FATHER'S NAME) _____ (MOTHER'S NAME)	BAT (DAUGHTER OF FATHER'S NAME) _____ (MOTHER'S NAME)
<i>Marital Status</i>	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Div/Remarried <input type="checkbox"/> Widowed	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Div/Remarried <input type="checkbox"/> Widowed
<i>Date of Birth</i>	MM/DD/YYYY _____ PLACE _____	MM/DD/YYYY _____ PLACE _____
<i>Wedding</i>	MM/DD/YYYY _____ PLACE _____	MM/DD/YYYY _____ PLACE _____
<i>Home Address</i>	_____ _____ _____ CITY _____ STATE _____ ZIP _____	_____ _____ _____ CITY _____ STATE _____ ZIP _____
<i>Home Phone (include area code)</i>	_____	_____
<i>Cell Phone or Fax (include area code)</i>	_____	_____
<i>Email Address</i>	_____	_____
<i>Job Title/Business Name</i>	_____	_____
<i>Business Address</i>	_____ _____ _____ CITY _____ STATE _____ ZIP _____	_____ _____ _____ CITY _____ STATE _____ ZIP _____
<i>Business Phone (include area code)</i>	_____	_____
<i>Business Email Address</i>	_____	_____
<i>Do you have an out-of-town address?</i>	_____	_____
	CITY _____ STATE _____ ZIP _____	CITY _____ STATE _____ ZIP _____
	<input type="checkbox"/> Winter <input type="checkbox"/> Summer	<input type="checkbox"/> Winter <input type="checkbox"/> Summer
<i>Telephone Number</i>	_____	_____
<i>Bar/Bat Mitzvah</i>	<input type="checkbox"/> Yes, Date: _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes, Date: _____ <input type="checkbox"/> No
<i>Afternoon School</i>	Grade Completed _____ Year _____	Grade Completed _____ Year _____
<i>Hebrew Day School</i>	Grade Completed _____ Year _____	Grade Completed _____ Year _____
<i>Languages Spoken/Written</i>	<input type="checkbox"/> English <input type="checkbox"/> Hebrew <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Yiddish Other _____	<input type="checkbox"/> English <input type="checkbox"/> Hebrew <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Yiddish Other _____
<i>Do you read Hebrew?</i>	<input type="checkbox"/> Not at all <input type="checkbox"/> Moderately <input type="checkbox"/> Very well	<input type="checkbox"/> Not at all <input type="checkbox"/> Moderately <input type="checkbox"/> Very well
<i>Have you chanted a Haftorah?</i>	<input type="checkbox"/> Yes (Date last chanted) _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes (Date last chanted) _____ <input type="checkbox"/> No
<i>Have you read from the Haftorah?</i>	<input type="checkbox"/> Yes (Date last chanted) _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes (Date last chanted) _____ <input type="checkbox"/> No

Education

ADULT MALE

ADULT FEMALE

High School

NAME _____ YEAR _____

NAME _____ YEAR _____

University

NAME _____ DEGREE _____ YEAR _____

NAME _____ DEGREE _____ YEAR _____

Other

NAME _____ DEGREE _____ YEAR _____

NAME _____ DEGREE _____ YEAR _____

Religion

By Birth By Conversion*

By Birth By Conversion*

*If by conversion, please attach copy of the conversion document

Mother's Religion

By Birth By Conversion*

By Birth By Conversion*

*If by conversion, please attach copy of the conversion document

Previous or Other Synagogue Affiliation

Yes _____ No

NAME OF CONGREGATION

Yes _____ No

NAME OF CONGREGATION

Do you own a cemetery plot

Yes _____ No

CITY

Yes _____ No

CITY

Yahrtzeit Record

Name	Relationship to Deceased	English/ Hebrew Date	Hebrew Name (Kohen, Levi or Israel)	Send Notice to:
_____	_____	_____	_____	<input type="checkbox"/> Adult Male <input type="checkbox"/> Adult Female
_____	_____	_____	_____	<input type="checkbox"/> Adult Male <input type="checkbox"/> Adult Female
_____	_____	_____	_____	<input type="checkbox"/> Adult Male <input type="checkbox"/> Adult Female
_____	_____	_____	_____	<input type="checkbox"/> Adult Male <input type="checkbox"/> Adult Female

Children

Name	DOB	Sex	Address	Hebrew Name	Grade
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Married Children

Name	DOB	Sex	Address	Hebrew Name
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Activities of the Congregation

Please indicate your interest in serving on any of these committees

- | M | F | M | F | M | F |
|------------------------------|--------------------------|---|--------------------------|--------------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Adult Education | | High Holy Days | | Religious School | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bikkur Cholim | | Israel Affairs | | Singles | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Budget and Finance | | Jewish Theological Seminary Involvement | | Sisterhood | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Capital Campaign | | Library | | Social Action | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cemetery | | Membership | | Special Events/
Fundraising | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Chesed | | Men's Club | | Technology | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Communications/
Marketing | | Music | | Young Members | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Education | | Newsletter (TEN) | | Youth Services | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Facilities Operations | | Religious Practices | | | |

Additional comments and/or interests:

DUES ARE BILLED YEARLY AND PAYABLE IN ADVANCE

I/We apply for membership in Temple Emanu-El and agree to be bound by its by-laws and regulations. I/We agree to pay annual membership dues, the Maintenance Operation Fund pledge, school tuition (if applicable), assessments and any other sums which I/we may owe to the Temple, when due. Membership continues in Temple Emanu-El from year to year until I/we submit my/our written resignation/s or membership is otherwise terminated.

Signature _____ Date _____

Signature _____ Date _____