



**Adult #1:**

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

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

Hebrew Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ E-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business Phone \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Check Correct Classifications:**

- Jewish By Birth    Kohen    Converted to Judaism  
 Levite    Not Jewish    Israelite

Did you have a Bar/Bat Mitzvah?    Yes    No

Can you read Hebrew?    Yes    No

**Adult #2:**

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

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

Hebrew Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ E-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business Phone \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Check Correct Classifications:**

- Jewish By Birth    Kohen    Converted to Judaism  
 Levite    Not Jewish    Israelite

Did you have a Bar/Bat Mitzvah?    Yes    No

Can you read Hebrew?    Yes    No

Marital Status: \_\_\_\_\_ Date of Marriage \_\_\_\_\_

**Child #1:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ E-mail Address: \_\_\_\_\_

Check if Child is enrolled in Temple Sholom:

- Preschool    Religious School → SPECIFY GRADE: \_\_\_\_\_

Check Correct Classification:    Jewish By Birth    Converted to Judaism    Not Jewish

**Child #2:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ E-mail Address: \_\_\_\_\_

Check if Child is enrolled in Temple Sholom:

- Preschool    Religious School → SPECIFY GRADE: \_\_\_\_\_

Check Correct Classification:    Jewish By Birth    Converted to Judaism    Not Jewish

*(If more room is needed please use the back of this page)*

**PLEASE LIST ALL YAHRZEITS YOU'D LIKE TO BE READ BY TEMPLE SHOLOM.**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Date of Passing: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Time of Passing: \_\_\_\_\_ (SPECIFY BEFORE OR AFTER SUNDOWN)
2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Date of Passing: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Time of Passing: \_\_\_\_\_ (SPECIFY BEFORE OR AFTER SUNDOWN)
3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Date of Passing: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Time of Passing: \_\_\_\_\_ (SPECIFY BEFORE OR AFTER SUNDOWN)
4. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Date of Passing: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Time of Passing: \_\_\_\_\_ (SPECIFY BEFORE OR AFTER SUNDOWN)
5. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Date of Passing: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Time of Passing: \_\_\_\_\_ (SPECIFY BEFORE OR AFTER SUNDOWN)
6. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Date of Passing: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Time of Passing: \_\_\_\_\_ (SPECIFY BEFORE OR AFTER SUNDOWN)

**PLEASE CHECK ALL TEMPLE SHOLOM COMMITTEES/ACTIVITIES IN WHICH YOU OR OTHER MEMBERS OF YOUR FAMILY WOULD BE INTERESTED IN PARTICIPATING.**

**FOR CHILDREN:**

- |  |   |
|--|---|
| <input type="checkbox"/> Nursery School                          | <input type="checkbox"/> Religious School (Grades K-7)  |
| <input type="checkbox"/> Preschool Religious Education           | <input type="checkbox"/> Hebrew High School             |
| <input type="checkbox"/> Family Programming                      | <input type="checkbox"/> Kadima (Grade 6-8 Youth Group) |
| <input type="checkbox"/> Junior Congregation/Children's Services | <input type="checkbox"/> USY (Grade 9-12 Youth Group)   |

FOR ADULTS:

- |  |   |
|--|---|
| <input type="checkbox"/> Torah Reader                | <input type="checkbox"/> Ways & Means/Fund-Raising                                |
| <input type="checkbox"/> Haftorah Chanter            | <input type="checkbox"/> Membership Committee                                     |
| <input type="checkbox"/> Ritual Committee            | <input type="checkbox"/> Mitzvah Committee  |
| <input type="checkbox"/> Adult Education             | <input type="checkbox"/> College Committee  |
| <input type="checkbox"/> Men's Club                  | <input type="checkbox"/> Board of Education                                       |
| <input type="checkbox"/> Sisterhood                  | <input type="checkbox"/> Finance Committee  |
| <input type="checkbox"/> Open Arms/Interfaith Group  | <input type="checkbox"/> Youth Commission   |
| <input type="checkbox"/> Network/Empty Nesters Group | <input type="checkbox"/> House Committee (Temple<br>Beautification & Maintenance) |

PLEASE LIST ANY SPECIAL SKILLS OR TALENTS THAT YOU OR OTHER MEMBERS OF YOUR FAMILY WOULD BE WILLING TO VOLUNTEER TO TEMPLE SHOLOM (E.G. – HANDYMAN, COMPUTER, MUSIC, ART).

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How did you hear about Temple Sholom? \_\_\_\_\_

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Is there a Temple Sholom member who convinced you to join? If yes, who:

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Please note: If you chose to discontinue your membership, a written notice must be received 30 days prior to resignation, or you will be liable for accumulated balances.

I have read the statement above and fully understand my financial obligation to Temple Sholom.

Signature \_\_\_\_\_ Date \_\_\_\_\_