

# **New Member Form**

#### Adult Member 1

## Adult Member 2

Prefix (please circle) Mr. Mrs. Ms. Miss Dr.	Prefix (please circle) Mr. Mrs. Ms. Miss Dr.
First Name	First Name
Last Name	Last Name
Birth Date (Month/Date/Year)	Birth Date (Month/Date/Year)
Jewish (please circle) Yes No	Jewish (please circle) Yes No
Hebrew Name	Hebrew Name
Cell Phone ( )	Cell Phone ( )
Occupation	Occupation
Business Name	Business Name
Business Address	Business Address
City State Zip	City State Zip
Business Phone ( )	Business Phone ( )
Email	Email

# Mailing & Membership Information

Home Address				
City	State	Zip		
Home Phone ( )				
Marital Status (please circle) Single Married Part	nered Divorced Widowed	Anniversary (if married) / /		
Local Emergency Contact Name				
Phone ( )	Relationship			

## **Family Information**

Please list all children 22 years and younger

First Name	Last Name (if different)	Hebrew Name	Sex M/F	Birth Date (Month/Date/Year)	Grade	Does this child live with you?

### Yahrzeits Observed

Please list the names of those who have died, for whom you observe Yahrzeit. Kaddish will be recited at Shabbat services closest to the anniversary date.

Name	Hebrew Name
Related to	Relationship
Date	Hebrew Date
Name	Hebrew Name
Related to	Relationship
Date	Hebrew Date
Name	Hebrew Name
Related to	Relationship
Date	Hebrew Date
Name	Hebrew Name
Related to	Relationship
Date	Hebrew Date
Name	Hebrew Name
Related to	Relationship
Date	Hebrew Date

#### **Photo Release**

*I/We, the undersigned, agree to grant Temple Israel permission to record on photography film and/or video, pictures of my/our participation. I/We further agree that any or all of the material photographed may be used, in any form, as part of any future publications to promote Temple Israel.* 

#### **Financial Agreement**

*I/We, the undersigned, hereby make application for Temple Israel membership. I/We agree to abide by its rules and by-laws. I/We understand that membership is on a yearly basis, payable in advance, not transferable and that dues are not refundable.* 

By signing below, I/We acknowledge and agree to the terms stated in the Photo Release and Financial Agreement.

Applicant's Signature	Date
Applicant's Signature	Date

Return this form with a check made out to "Temple Israel" to Executive Director, Lisa Goldberg. Please reference the following page for membership commitment and fees.

> Temple Israel | 14 Coleytown Road, Westport, CT 06880 Main Office: (203) 227-1293 | Education Office: (203) 227-1656 | Fax: (203) 454-2292 www.tiwestport.org