



New Member Form

Adult Member 1

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

Adult Member 2

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

Mailing & Membership Information

| | | | | | | |
|--------------------------------|--------|---------|--------------|----------|---------|--------------------------------------|
| Home Address | | | | | | |
| City | | State | | Zip | | |
| Home Phone () | | | | | | |
| Marital Status (please circle) | Single | Married | Partnered | 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.