



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	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.