



Welcome to Temple Sholom. We are delighted you have chosen to become part of our community. We hope that you will find membership an enriching experience and encourage you to explore the diverse opportunities for Jewish expression that Temple Sholom offers. Please call upon our clergy, staff, and lay leaders whenever we can assist you in becoming part of our temple family. All information in this application will be treated confidentially. Please call our office or email us if you have any questions at all or need assistance in filling out this application.

Personal Information

	ADULT 1 <input type="checkbox"/> Male <input type="checkbox"/> Female	ADULT 2 <input type="checkbox"/> Male <input type="checkbox"/> Female
Title/ Full Name	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other _____	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other _____
By what first name do you wish to be addressed (if different from above)?		
Personal Status	<input type="checkbox"/> Single <input type="checkbox"/> Married _____(date) <input type="checkbox"/> Senior <input type="checkbox"/> Other	<input type="checkbox"/> Partnered <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Hebrew Name (if known)		
Date of Birth		
Special Accommodations needed	<input type="checkbox"/> Visual impairment (large print prayer book) <input type="checkbox"/> Auditory impairment (assisted hearing devices) <input type="checkbox"/> Limited mobility <input type="checkbox"/> Other _____	<input type="checkbox"/> Visual impairment (large print prayer book) <input type="checkbox"/> Auditory impairment (assisted hearing devices) <input type="checkbox"/> Limited mobility <input type="checkbox"/> Other _____
Community Affiliations		

Contact Information

How would you like your name(s) to appear on Temple mailings?

Name(s):	
Home address:	
City:	State: Zip:
Phone:	Fax:
Adult 1 Cell Phone:	Adult 2 Cell Phone:
Adult 1 Email:	Adult 2 Email:
<input type="checkbox"/> I would like to receive Temple communications via email.	<input type="checkbox"/> I would like to receive Temple communications via email.

Religious Background

	Adult 1	Adult 2
Religious background in which you were raised	<input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Reconstructionist <input type="checkbox"/> Unaffiliated <input type="checkbox"/> Other _____	<input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Reconstructionist <input type="checkbox"/> Unaffiliated <input type="checkbox"/> Other _____
If "other," have you chosen to convert? (Date, Congregation, City)		
Are you considering conversion?		
Bar/Bat Mitzvah (if applicable) Date, Congregation, City		
Confirmation (if applicable) Date, Congregation, City		
Congregation you were most recently (or currently) affiliated with		
For current members: when did you originally join Temple Sholom?		

Business Information

	Adult 1	Adult 2
Occupation/Title		
Area of specialization		
Employer		
Address		
City, State, Zip		
Business Phone		
Business Fax		
Business Email		

Yahrzeit Information

Name	Date of death Before/After sundown	Family Relationship

Please attach a separate sheet for additional names.

Request information on memorial plaque.

Children's Information

	Child 1 <input type="checkbox"/> Male <input type="checkbox"/> Female	Child 2 <input type="checkbox"/> Male <input type="checkbox"/> Female	Child 3 <input type="checkbox"/> Male <input type="checkbox"/> Female	Child 4 <input type="checkbox"/> Male <input type="checkbox"/> Female
First and middle name				
Last name (if different)				
Hebrew name (if known)				
Birth date (and grade if applicable)				
Address (if not living with you)				
Has this child been raised as a Jew?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bar/Bat Mitzvah: Date, Congregation, City				
Confirmation: Date, Congregation, City				
Would you like this child to receive a Jewish Education at Temple Sholom?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partnered	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partnered	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partnered	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partnered

If you have more than four children, please attach an additional page.

Emergency Contact Information

Name:	<u>For Adult 1</u>	Name:	<u>For Adult 2</u>
Relationship:		Relationship:	
Address:		Address:	
City:	State: Zip:	City:	State: Zip:
Day Phone:		Day Phone:	
Evening Phone:		Evening Phone:	

Alternate Address Information

From	-	(dates) I/we prefer to receive mail at the following address:
Alternate address:		
City:	State:	Zip:
Phone:		

Opportunity for Participation

At Temple Sholom we believe that joining a congregation is a spiritual and emotional commitment. We encourage all congregants to become involved in all aspects of life in our congregational community. In furthering this ideal, we hope that upon signing this application you commit to participate in congregational life. Please indicate which of these areas interest you by checking the appropriate box or boxes. Your participation will help strengthen the community and will make your temple experience more meaningful. You will be contacted by a congregation member with more information.

- | | | |
|---|---|--|
| <input type="checkbox"/> Adult Learning | <input type="checkbox"/> Holiday Celebrations and/or Decoration | <input type="checkbox"/> Couples Club |
| <input type="checkbox"/> Budget and Finance | <input type="checkbox"/> Assisting with Office Work | <input type="checkbox"/> Informal Youth Activities |
| <input type="checkbox"/> Social Action & Mitzvah Projects | <input type="checkbox"/> Library | <input type="checkbox"/> Fund Raising |
| <input type="checkbox"/> Communications & Publicity | <input type="checkbox"/> Visiting the Sick and Bereaved | <input type="checkbox"/> Bulletin Writing, Editing |
| <input type="checkbox"/> Maintenance & Building Repair | <input type="checkbox"/> Sisterhood/Women of Reform Judaism | <input type="checkbox"/> Leadership |
| <input type="checkbox"/> Music _____ | <input type="checkbox"/> Brotherhood/Men's Club | |

Talent and Interest Survey

These are the talents we bring to Temple Sholom:

- | | | | | | | |
|---------------------------------------|---------------------------------|---|--------------------------------------|--|---|--|
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Music | <input type="checkbox"/> Painting | <input type="checkbox"/> Gardening | <input type="checkbox"/> Electrical | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Israeli Dancing |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Baking | <input type="checkbox"/> Driving | <input type="checkbox"/> Carpentry | <input type="checkbox"/> Sewing/Needlework | <input type="checkbox"/> Arts | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Spirituality | <input type="checkbox"/> Hebrew | <input type="checkbox"/> Web Design/Maintenance | <input type="checkbox"/> Photography | <input type="checkbox"/> Writing | <input type="checkbox"/> Torah Chanting | |
| <input type="checkbox"/> Other _____ | | | | | | |

What else would you like us to know about you/your family?

Signature 1

Date

Signature 2

Date