



TEMPLE EMANU-EL

FROM GENERATION TO GENERATION

לדור ודור

*Temple Emanu-El is a place of meaningful prayer,  
thoughtful study and a home for celebration  
for generations to come.*

## Membership Application

Welcome! We are excited you are joining our family. Please complete this Membership Application and return it to the Temple office.

CELEBRATE OUR PAST — BUILD FOR OUR FUTURE

## ADULT MALE

## ADULT FEMALE

<i>Title</i>	<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. Other: _____	<input type="checkbox"/> Dr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss Other: _____
<i>First Name &amp; Middle Initial</i>	_____	_____
<i>Last Name</i>	_____	_____
	<input type="checkbox"/> Kohen <input type="checkbox"/> Levi	<input type="checkbox"/> Bat Kohen <input type="checkbox"/> Bat Levi
<i>Hebrew Name (May be Transliterated)</i>	_____	_____
<i>Parent's Names</i>	_____	_____
	BEN (SON OF FATHER'S NAME)	BAT (DAUGHTER OF FATHER'S NAME)
	_____	_____
	(MOTHER'S NAME)	(MOTHER'S NAME)
<i>Marital Status</i>	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Div/Remarried <input type="checkbox"/> Widowed	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Div/Remarried <input type="checkbox"/> Widowed
<i>Date of Birth</i>	_____	_____
	MM/DD/YYYY PLACE	MM/DD/YYYY PLACE
<i>Wedding</i>	_____	_____
	MM/DD/YYYY PLACE	MM/DD/YYYY PLACE
<i>Home Address</i>	_____	_____
	_____	_____
	_____	_____
	CITY STATE ZIP	CITY STATE ZIP
<i>Home Phone (include area code)</i>	_____	_____
<i>Cell Phone or Fax (include area code)</i>	_____	_____
<i>Email Address</i>	_____	_____
<i>Job Title/Business Name</i>	_____	_____
<i>Business Address</i>	_____	_____
	_____	_____
	_____	_____
	CITY STATE ZIP	CITY STATE ZIP
<i>Business Phone (include area code)</i>	_____	_____
<i>Business Email Address</i>	_____	_____
<i>Do you have an out-of-town address?</i>	_____	_____
	_____	_____
	CITY STATE ZIP	CITY STATE ZIP
	<input type="checkbox"/> Winter <input type="checkbox"/> Summer	<input type="checkbox"/> Winter <input type="checkbox"/> Summer
<i>Telephone Number</i>	_____	_____
<i>Bar/Bat Mitzvah</i>	<input type="checkbox"/> Yes, Date: _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes, Date: _____ <input type="checkbox"/> No
<i>Afternoon School</i>	Grade Completed _____ Year _____	Grade Completed _____ Year _____
<i>Hebrew Day School</i>	Grade Completed _____ Year _____	Grade Completed _____ Year _____
<i>Languages Spoken/Written</i>	<input type="checkbox"/> English <input type="checkbox"/> Hebrew <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Yiddish Other _____	<input type="checkbox"/> English <input type="checkbox"/> Hebrew <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Yiddish Other _____
<i>Do you read Hebrew?</i>	<input type="checkbox"/> Not at all <input type="checkbox"/> Moderately <input type="checkbox"/> Very well	<input type="checkbox"/> Not at all <input type="checkbox"/> Moderately <input type="checkbox"/> Very well
<i>Have you chanted a Haftorah?</i>	<input type="checkbox"/> Yes (Date last chanted) _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes (Date last chanted) _____ <input type="checkbox"/> No
<i>Have you read from the Haftorah?</i>	<input type="checkbox"/> Yes (Date last chanted) _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes (Date last chanted) _____ <input type="checkbox"/> No

## Education

### ADULT MALE

### ADULT FEMALE

High School

NAME \_\_\_\_\_ YEAR \_\_\_\_\_

NAME \_\_\_\_\_ YEAR \_\_\_\_\_

University

NAME \_\_\_\_\_ DEGREE \_\_\_\_\_ YEAR \_\_\_\_\_

NAME \_\_\_\_\_ DEGREE \_\_\_\_\_ YEAR \_\_\_\_\_

Other

NAME \_\_\_\_\_ DEGREE \_\_\_\_\_ YEAR \_\_\_\_\_

NAME \_\_\_\_\_ DEGREE \_\_\_\_\_ YEAR \_\_\_\_\_

Religion

By Birth  By Conversion\*

By Birth  By Conversion\*

\*If by conversion, please attach copy of the conversion document

Mother's Religion

By Birth  By Conversion\*

By Birth  By Conversion\*

\*If by conversion, please attach copy of the conversion document

Previous or Other Synagogue Affiliation

Yes \_\_\_\_\_  No

NAME OF CONGREGATION

Yes \_\_\_\_\_  No

NAME OF CONGREGATION

Do you own a cemetery plot

Yes \_\_\_\_\_  No

CITY

Yes \_\_\_\_\_  No

CITY

## Yahrtzeit Record

Name	Relationship to Deceased	English/ Hebrew Date	Hebrew Name (Kohen, Levi or Israel)	Send Notice to:
_____	_____	_____	_____	<input type="checkbox"/> Adult Male <input type="checkbox"/> Adult Female
_____	_____	_____	_____	<input type="checkbox"/> Adult Male <input type="checkbox"/> Adult Female
_____	_____	_____	_____	<input type="checkbox"/> Adult Male <input type="checkbox"/> Adult Female
_____	_____	_____	_____	<input type="checkbox"/> Adult Male <input type="checkbox"/> Adult Female

## Children

Name	DOB	Sex	Address	Hebrew Name	Grade
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

## Married Children

Name	DOB	Sex	Address	Hebrew Name
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## Activities of the Congregation

Please indicate your interest in serving on any of these committees

- | M                        | F                        | M                            | F                        | M                        | F                                       |                          |                          |                                |
|--------------------------|--------------------------|------------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Adult Education              | <input type="checkbox"/> | <input type="checkbox"/> | High Holy Days                          | <input type="checkbox"/> | <input type="checkbox"/> | Religious School               |
| <input type="checkbox"/> | <input type="checkbox"/> | Bikkur Cholim                | <input type="checkbox"/> | <input type="checkbox"/> | Israel Affairs                          | <input type="checkbox"/> | <input type="checkbox"/> | Singles                        |
| <input type="checkbox"/> | <input type="checkbox"/> | Budget and Finance           | <input type="checkbox"/> | <input type="checkbox"/> | Jewish Theological Seminary Involvement | <input type="checkbox"/> | <input type="checkbox"/> | Sisterhood                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Capital Campaign             | <input type="checkbox"/> | <input type="checkbox"/> | Library                                 | <input type="checkbox"/> | <input type="checkbox"/> | Social Action                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Cemetery                     | <input type="checkbox"/> | <input type="checkbox"/> | Membership                              | <input type="checkbox"/> | <input type="checkbox"/> | Special Events/<br>Fundraising |
| <input type="checkbox"/> | <input type="checkbox"/> | Chesed                       | <input type="checkbox"/> | <input type="checkbox"/> | Men's Club                              | <input type="checkbox"/> | <input type="checkbox"/> | Technology                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Communications/<br>Marketing | <input type="checkbox"/> | <input type="checkbox"/> | Music                                   | <input type="checkbox"/> | <input type="checkbox"/> | Young Members                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Education                    | <input type="checkbox"/> | <input type="checkbox"/> | Newsletter (TEN)                        | <input type="checkbox"/> | <input type="checkbox"/> | Youth Services                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Facilities Operations        | <input type="checkbox"/> | <input type="checkbox"/> | Religious Practices                     |                          |                          |                                |

Additional comments and/or interests:

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### DUES ARE BILLED YEARLY AND PAYABLE IN ADVANCE

I/We apply for membership in Temple Emanu-El and agree to be bound by its by-laws and regulations. I/We agree to pay annual membership dues, the Maintenance Operation Fund pledge, school tuition (if applicable), assessments and any other sums which I/we may owe to the Temple, when due. Membership continues in Temple Emanu-El from year to year until I/we submit my/our written resignation/s or membership is otherwise terminated.

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

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