

MEMBERSHIP INFORMATION FORM

For office use:

Date _____

By _____

Please complete the entire form!

Name(s): First, Last	A.					B.
Address						
Community/Subdivision						
Home Phone	()					
Cell Phone(s)	A.	()		B.	()	
Work Phone(s)	A.					B.
E-mail Address(es)	A.					B.
Occupation(s)	A.					B.
Jewish? Y or N	A.					B.
Active Member of other Jewish Organization(s)	A.					B.
Date of Birth	A.					B.
Date of Marriage						
Special Interests	A.					B.
Child(ren)'s Name(s)	Birth Date(s)	Jewish? Y or N	Lives at home?	<i>B'nai Mitzvah?</i> Confirmation? Dates?	Hebrew Name(s) if available	

Areas of Interest at Temple Beth Shalom

Listed below are areas of congregational activities in which you may be interested. Check the committee(s) and program(s) in which you would like to be active or to which you can lend particular experience and skills.

	Member	A	B		Member	A	B
Social Action		___	___	Newsletter		___	___
Building and Grounds		___	___	Religious School		___	___
Adult Education		___	___	Preschool School		___	___
Ritual		___	___	Fundraising		___	___
Membership		___	___	Other _____		___	___
Youth Group(s)		___	___			___	___

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Parents (Living) of Member A	Parents (Living) of Member B
Full Name:	Full Name:
Address:	Address:
Hebrew name if applicable:	Hebrew name if applicable:
Phone:	Phone:
Name:	Name:
Address:	Address:
Hebrew name if applicable:	Hebrew name if applicable:
<i>Yahrzeits</i>	
<i>Yahrzeit</i> Information for Member A - List names and <i>Yahrzeit</i> observance dates of persons whose names should be recalled at Temple Beth Shalom services.	<i>Yahrzeit</i> Information for Member B - List names and <i>Yahrzeit</i> observance dates of persons whose names should be recalled at Temple Beth Shalom services.
Full Name:	Full Name:
Relationship to Member:	Relationship to Member:
Date of Death (Secular): Month _____ Day _____ Year _____ Hebrew date if known: Day _____ Month _____ Year _____ Do you want the name read according to the Hebrew or secular date? _____ Hebrew _____ Secular	Date of Death (Secular): Month _____ Day _____ Year _____ Hebrew date if known: Day _____ Month _____ Year _____ Do you want the name read according to the Hebrew or secular date? _____ Hebrew _____ Secular
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Please complete and return this form to:

TEMPLE BETH SHALOM
1461 Baltimore-Annapolis Boulevard, MD 21012

Welcome to our congregational family!