

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> Dates(s) if applicable	Hebrew Name(s) if known/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

Building & Grounds

Fundraising

Membership

Hineni (Caring)

Member A B

Ritual

Social Action

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:
Yahrzeits	
Yahrzeit Information for Member A - List names and <i>Yahrzeit</i> observance dates of persons whose names should be recalled at Temple Beth Shalom services.	Yahrzeit 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
Full Name:	Full Name:
Relationship to Member:	Relationship to Member:
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Please complete and return this form to:

TEMPLE BETH SHALOM
1461 Baltimore-Annapolis Boulevard
Arnold, MD 21012

or email to info@annapolistemple.org

Welcome to our congregational family!