



Beth Haverim Shir Shalom *Membership Application*

Name: _____

Address: _____

City State Zip Code

Phone #: _____

Fax #: _____

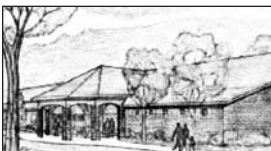
E-mail: _____

Cell #: _____

Date of Application: _____

Previous Temple Affiliation (Name): _____

(Address): _____



Membership Application

ADULT 1

First Name: _____
Middle Name: _____
Last Name: _____
Preferred Name: _____
Title Preferred: _____
Date of Birth: _____
Hebrew Name: _____
Current Marital
Status: _____
If Married -
Date of marriage: _____
Occupation: _____
Full-Time _____ Part-Time _____ Retired _____
Job Description: _____
Title: _____
Employer: _____
Business Phone: _____ Ext. _____
Business Fax #: _____

RELIGIOUS BACKGROUND:

Jewish _____
Denomination _____
Other _____
Denomination _____

JEWISH EDUCATION:

Bar/Bat Mitzvah: Y N Date _____
Confirmation: Y N Date _____
Other: Y N Date _____

DO YOU WISH TO PARTICIPATE IN SERVICES? Y N

English Portion _____
Hebrew Portion _____

SPECIAL INTERESTS/HOBBIES:

ADULT 2

First Name: _____
Middle Name: _____
Last Name: _____
Preferred Name: _____
Title Preferred: _____
Date of Birth: _____
Hebrew Name: _____
Current Marital
Status: _____
If Married -
Date of marriage: _____
Occupation: _____
Full-Time _____ Part-Time _____ Retired _____
Job Description: _____
Title: _____
Employer: _____
Business Phone: _____ Ext. _____
Business Fax #: _____

RELIGIOUS BACKGROUND:

Jewish _____
Denomination _____
Other _____
Denomination _____

JEWISH EDUCATION:

Bar/Bat Mitzvah: Y N Date _____
Confirmation: Y N Date _____
Other: Y N Date _____

DO YOU WISH TO PARTICIPATE IN SERVICES? Y N

English Portion _____
Hebrew Portion _____

SPECIAL INTERESTS/HOBBIES:

Membership Application

PLEASE FILL IN INFORMATION AS IT APPLIES TO YOUR CHILD:

	Child 1	Child 2	Child 3	Child 4
Name:	_____	_____	_____	_____
Nickname:	_____	_____	_____	_____
Sex:	_____	_____	_____	_____
Birth Date:	_____	_____	_____	_____
Address :	_____	_____	_____	_____
(if different)	_____	_____	_____	_____
Hebrew Name:	_____	_____	_____	_____
B/ Mitzvah Date:	_____	_____	_____	_____
Confirmation date:	_____	_____	_____	_____

Yahrzeits are observed and announced at Shabbat services.
 Please list the names of those you wish remembered,
 their relationship to the specific family member,
 and English month/day/year of death:

Relationship to specific family member	Name of Deceased	Date of Death
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If your deceased family member has a plate on the Yahrzeit Board in the Sanctuary,
 please note next to their name.

Membership Application

I WOULD LIKE TO BE INVOLVED IN ONE OF THE FOLLOWING:

	ADULT 1	ADULT 2	CHILD
Adult Education	_____	_____	_____
Caring Committee	_____	_____	_____
Choir	_____	_____	_____
Class Parent	_____	_____	_____
Decoration/Beautification	_____	_____	_____
Finance	_____	_____	_____
Housing/Building	_____	_____	_____
Membership	_____	_____	_____
Men's Club	_____	_____	_____
Michelle Fund/Social Action	_____	_____	_____
Newsletter/Website	_____	_____	_____
Outreach	_____	_____	_____
Publicity	_____	_____	_____
Religious School Educ. Committee	_____	_____	_____
Ritual Committee	_____	_____	_____
Singles	_____	_____	_____
Sisterhood	_____	_____	_____
Temple Board	_____	_____	_____
Various Temple Programs	_____	_____	_____
Ways & Means/Fundraising	_____	_____	_____
Youth Group Committee	_____	_____	_____
Youth Group	_____	_____	_____
Other:	_____	_____	_____