



TEMPLE BNAI ISRAEL

Jeremy Schwartz, Rabbi

Membership Application and Profile

(Each adult family member should fill out a separate form)

Date: _____

English Name (first, middle, last): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Fax: _____

Cell Number: _____ Other Number: _____

Email Address(es): _____

Your Place of Employment: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Work Phone Number: _____

May we call you at work if necessary? _____

Are you Jewish? _____

If yes:

Your Hebrew Name: _____

Father's Hebrew Name, if applicable: _____

Mother's Hebrew Name, if applicable: _____

"Tribal" background (Kohen/Levi/Yisrael): _____

Birthdate: _____ Anniversary (if applicable): _____

Family members in your household:

Name	Relationship	(for children, include birthdate and Hebrew name)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Any children living away from home? In addition, please list the names of your married children's spouses and children.

Name	Address	Age

Describe your religious upbringing. If Jewish, include denominational affiliation and extent of Jewish education.

There are many ways to participate in the life of our synagogue community and to make it a place of personal growth. Please circle areas where you have particular interests or skills.

- | | |
|-------------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Teaching children | <input type="checkbox"/> Communications and publicity |
| <input type="checkbox"/> Teaching adults | <input type="checkbox"/> Israeli dance |
| <input type="checkbox"/> Chanting Torah/Haftarah | <input type="checkbox"/> Studying Hebrew |
| <input type="checkbox"/> Leading services | <input type="checkbox"/> Studying Jewish practice |
| <input type="checkbox"/> Nature outings | <input type="checkbox"/> Studying Jewish text |
| <input type="checkbox"/> Tikkun olam/social justice | <input type="checkbox"/> Beautification committee |
| <input type="checkbox"/> Gemilut hasadim/caring deeds | <input type="checkbox"/> Finance committee |
| <input type="checkbox"/> Social events | <input type="checkbox"/> Cooking |
| <input type="checkbox"/> Building maintenance and use | <input type="checkbox"/> School Board |
| <input type="checkbox"/> Synagogue governance | <input type="checkbox"/> Teen programming |
| <input type="checkbox"/> Adult learning and programming committee | <input type="checkbox"/> Membership committee |
| <input type="checkbox"/> Holocaust education | <input type="checkbox"/> Library Committee |

Anything else you would be interested in getting from or contributing to the synagogue? (We realize this may be early to ask.)

Yahrzeits Observed:

Name	Relationship	Date of Death (If English date: after sundown?)

I hereby apply for membership (where applicable: with my family) in Temple Bnai Israel, understanding the associated obligations and privileges.

Signature Date