



Temple Beth El  
Jewish Community Center

## New Member Information 2009 ~ 2010

### Membership defined

A Temple Beth El membership includes all members of a household family unit, which may be single individuals, married or committed couples, single parents, and unmarried children up to age 30.

**Personal information: Please Provide Anniversary Date or Commitment Date:** \_\_\_\_\_

#### Adult 1

First Name/Last Name	Hebrew Name	<input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth
Home Mailing Address		City	State Zip
Home Phone	Email		
Occupation	Employer Work Phone	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Committed Partner	

#### Adult 2

First Name/Last Name	Hebrew Name	<input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth
Home Mailing Address		City	State Zip
Home Phone	Email		
Occupation	Employer Work Phone	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Committed Partner	

#### Adult 3

First Name/Last Name	Hebrew Name	<input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth
Home Mailing Address		City	State Zip
Home Phone	Email		
Occupation	Employer Work Phone	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Committed Partner	

## Your children

### Child 1

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First Name/Last Name	Hebrew Name	<input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth
Secular School Name	Grade	Bar/Bat Mitzvah Date	Confirmation Year Living At Home? <input type="checkbox"/> Y <input type="checkbox"/> N

### Child 2

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First Name/Last Name	Hebrew name	<input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth
Secular School Name	Grade	Bar/Bat Mitzvah Date	Confirmation Year Living At Home? <input type="checkbox"/> Y <input type="checkbox"/> N

### Child 3

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First name/Last Name	Hebrew Name	<input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth
Secular School Name	Grade	Bar/Bat Mitzvah Date	Confirmation year Living At Home? <input type="checkbox"/> Y <input type="checkbox"/> N

### Directory listing

- List in Directory
- List Without Address
- Omit Email
- Omit Phone
- Omit Children's Names
- Do not list in directory

If you want different information to be listed in the directory from the above, please print your directory listing below:

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

## Your Deceased Loved Ones (Yahrzeits)

The names of your deceased loved ones will be read in synagogue the Friday evening before the yahrzeit Date (the anniversary of death). Unsure of the date? Choose a date on which to remember your loved one

1. \_\_\_\_\_  
First Name/Last Name Hebrew Name

\_\_\_\_\_

Date of Death Relationship to You Observe  Hebrew or  Secular Date?

2. \_\_\_\_\_  
First Name/Last Name Hebrew Name

\_\_\_\_\_

Date of Death Relationship to You Observe  Hebrew or  Secular date?

3. \_\_\_\_\_  
First Name/Last Name Hebrew Name

\_\_\_\_\_

Date of Death Relationship to You Observe  Hebrew or  Secular date?

4. \_\_\_\_\_  
First Name/Last Name Hebrew Name

\_\_\_\_\_

Date of Death Relationship to You Observe  Hebrew or  Secular date?