



Temple Adat Elohim

Membership Information

Personal Information

Member 1	Member 2
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> Other _____	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> Other _____
Last Name	Last Name
First Name	First Name
Date of Birth m/d/y / /	Date of Birth m/d/y / /
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
E-mail Address	E-mail Address
Occupation/Title	Occupation/Title
Firm Name	Firm Name
Address	Address
City/State/Zip	City/State/Zip
Business Telephone	Business Telephone
Cell Phone	Cell Phone
Special Needs	Special Needs
Last School Attended	Last School Attended
Degree Date	Degree Date

DATE OF MARRIAGE (if applicable) m/d/y / /

Address Information

<i>For husband and wife memberships, mail will be addressed to "Mr. & Mrs. Sam G. Member" unless requested otherwise.</i>
Please address our mail as follows:
Residence Street & Apartment # (All mail will be sent to residence unless requested otherwise)
City/State/Zip
Home Phone
Billing (if different) Street & Apartment #
City/State/Zip

Family Information

Children—Please complete as it applies to each of your children residing with you				
	1st Child	2nd Child	3rd Child	4th Child
Last Name				
First Name				
Birthdate, Age and Gender	Date _____ Age _____ <input type="checkbox"/> Boy <input type="checkbox"/> Girl	Date _____ Age _____ <input type="checkbox"/> Boy <input type="checkbox"/> Girl	Date _____ Age _____ <input type="checkbox"/> Boy <input type="checkbox"/> Girl	Date _____ Age _____ <input type="checkbox"/> Boy <input type="checkbox"/> Girl
School Grade Fall '09				
Secular School Name				
Post High School— Living at home	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
College Student	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of College				

Adult Children (18 years or older) Not Residing With You

Last Name			
First Name			
Birthdate, Age and Gender	Date _____ Age _____ <input type="checkbox"/> Boy <input type="checkbox"/> Girl	Date _____ Age _____ <input type="checkbox"/> Boy <input type="checkbox"/> Girl	Date _____ Age _____ <input type="checkbox"/> Boy <input type="checkbox"/> Girl
College Student	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of College			

Other Adults in Your Household

Name			
Age			
Relationship			

Yahrzeit Information

Please list the names of loved ones for whom you wish Yahrzeit notices sent, and indicate whether you wish to observe the secular or Hebrew date. Annually we will send you a reminder and read the names of loved ones at services.

Name of Deceased	Relationship	To member 1 or 2?	Secular Date m/d/y
			/ /
			/ /
			/ /
			/ /
			/ /
			/ /

Religious Background (Optional)

Member 1	Member 2
Current Religious Tradition/Affiliation <input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Reconstructionist <input type="checkbox"/> Secular <input type="checkbox"/> Non-Jewish	Current Religious Tradition/Affiliation <input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Reconstructionist <input type="checkbox"/> Secular <input type="checkbox"/> Non-Jewish
Hebrew Name (if applicable)	Hebrew Name (if applicable)
Bar/Bat Mitzvah <input type="checkbox"/> Yes <input type="checkbox"/> No	Bar/Bat Mitzvah <input type="checkbox"/> Yes <input type="checkbox"/> No
Confirmation <input type="checkbox"/> Yes <input type="checkbox"/> No	Confirmation <input type="checkbox"/> Yes <input type="checkbox"/> No
Hebrew fluency <input type="checkbox"/> none <input type="checkbox"/> beginner <input type="checkbox"/> advanced	Hebrew fluency <input type="checkbox"/> none <input type="checkbox"/> beginner <input type="checkbox"/> advanced

Miscellaneous Information

How did you hear about Temple Adat Elohim?	
Reason(s) for joining a synagogue:	
Reason(s) for joining TAE: <input type="checkbox"/> Clergy <input type="checkbox"/> ECC <input type="checkbox"/> Religious School <input type="checkbox"/> Services <input type="checkbox"/> Adult Learning <input type="checkbox"/> Life Cycle <div style="text-align: center;"><input type="checkbox"/> Reform temple <input type="checkbox"/> Social Justice <input type="checkbox"/> Friend is a member (Name: _____)</div>	
Name of previous Congregation affiliation:	
City/State	
Year left:	Any outstanding financial obligation? <input type="checkbox"/> Yes <input type="checkbox"/> No

Activities and Interests

We always welcome our members to become involved in temple life and activities. Please check any that interest you. We will be in touch!

	Member 1	Member 2		Member 1	Member 2
Adult Education			Office Volunteer		
Adult Choir			Outreach		
Band of Milk and Honey			Religious Practices Committee		
Brotherhood			Ruach (Young Women's Group)		
Caring Community			Saturday Morning Talmud Study		
Development (fundraising)			Saturday Morning Torah Study		
Greatest Generation (age 60+)			Sisterhood		
Havurah			Social Action		
Interfaith Workshops			Ushers/Greeters Shabbat		
Jewish Learning Board			Ushers/Greeters High Holy Days		
Membership			Winter Shelter		
Mishpaha (ECC Parent Group)			Women's/Men's Torah Study		
Mitzvah Day					

Professional Background, Skills, Talents & Organizational Affiliations

Please describe your professional skills, talents, and involvement in Jewish and Community organizations.

<i>Member 1 Background and Skills</i>	<i>Member Background and Skills</i>
<i>Member 1 Jewish and Community Organizations</i>	<i>Member 2 Jewish and Community Organizations</i>