



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
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

For husband and wife memberships, mail will be addressed to "Mr. & Mrs. Sam G. Member" unless requested otherwise.
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 'og				
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 _____	Date _____ Age _____	Date _____ Age _____
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 <input type="checkbox"/> Reform temple <input type="checkbox"/> Social Justice <input type="checkbox"/> Friend is a member (Name: _____)	
Name of previous Congregation affiliation:	
City/State	
Year left:	Any outstanding financial obligation? <input type="checkbox"/> Yes <input type="checkbox"/> No

Volunteer Opportunities

We always welcome our members to become involved in temple life and activities.

Please check any that interest you. We will be in touch!

Name _____	Phone _____	Cell _____			
Email _____	Best time to reach you: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening				
Days of the week are you available: <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday					
<input type="checkbox"/> I prefer to volunteer for short-term opportunities		<input type="checkbox"/> I would like to volunteer on a committee			
	Member 1	Member 2		Member 1	Member 2
Board of Education			General Office Volunteer		
Caring Community			Answer Phones		
Development Committee (fundraising)			Judaica Shop		
Membership Committee			Shabbat Greeter		
Outreach Committee			High Holy Days Greeter		
Havurah Committee			Purim Carnival		
Religious Practices Committee			Purim Bag Assembly/Delivery		
Social Action Committee			Passover Community Seder		
Green Fair			Holiday Community Dinner		
Mitzvah Day			Homeless Meals (monthly)		
Winter Homeless Shelter Chaperone					

Activities and Interests

What programs would you like more information about and or/interest you as a participant?					
Brotherhood			Saturday Morning Talmud Study		
Sisterhood			Saturday Morning Torah Study		
TAE Seniors (55+)			Women's Torah Study		
Havurah			Men's Torah Study		
Youth Groups			Adult B'nai Mitzvah		
Mishpaha (ECC Parent Group)			Adult Sunday School		
Choir			Mussar (Jewish Spiritual Growth)		
Band			Rosh Hodesh Celebrations		
Mah Jongg			Book Group		
Movie Group			Lillith Salons		
Parenting Classes					