

# MEMBERSHIP INFORMATION FORM

For office use:

Date \_\_\_\_\_

By \_\_\_\_\_

Please complete the entire form!

Name(s): First, Last	A. _____	B. _____			
Address	_____				
Community/Subdivision	_____				
Home Phone	(        )				
Cell Phone(s)	A. (        )	B. (        )			
Work Phone(s)	A. _____	B. _____			
E-mail Address(es)	A. _____	B. _____			
Occupation(s)	A. _____	B. _____			
Jewish? Y or N	A. _____	B. _____			
Active Member of other Jewish Organization(s)	A. _____	B. _____			
Date of Birth	A. _____	B. _____			
Date of Marriage	_____				
Special Interests	A. _____	B. _____			
Child(ren)'s Name(s)	Birth Date(s)	Jewish? Y or N	Lives at home?	<i>B'nai Mitzvah?</i> Confirmation? Dates?	Hebrew Name(s) if available

### Areas of Interest at Temple Beth Shalom

Listed below are areas of congregational activities in which you may be interested. Check the committee(s) and program(s) in which you would like to be active or to which you can lend particular experience and skills.

	Member A	B		Member A	B
Social Action	___	___	Newsletter	___	___
Building and Grounds	___	___	Religious School	___	___
Adult Education	___	___	Preschool School	___	___
Ritual	___	___	Fundraising	___	___
Membership	___	___	Other _____	___	___
Youth Group(s)	___	___			

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Parents (Living) of Member A	Parents (Living) of Member B
<b>Full Name:</b>	<b>Full Name:</b>
<b>Address:</b>	<b>Address:</b>
<b>Hebrew name if applicable:</b>	<b>Hebrew name if applicable:</b>
<b>Phone:</b>	<b>Phone:</b>
<b>Name:</b>	<b>Name:</b>
<b>Address:</b>	<b>Address:</b>
<b>Hebrew name if applicable:</b>	<b>Hebrew name if applicable:</b>
<i>Yahrzeits</i>	
<i>Yahrzeit</i> Information for <b>Member A</b> - List names and <i>Yahrzeit</i> observance dates of persons whose names should be recalled at Temple Beth Shalom services.	<i>Yahrzeit</i> Information for <b>Member B</b> - List names and <i>Yahrzeit</i> observance dates of persons whose names should be recalled at Temple Beth Shalom services.
<b>Full Name:</b>	<b>Full Name:</b>
<b>Relationship to Member:</b>	<b>Relationship to Member:</b>
Date of Death (Secular): Month_____Day_____Year_____ Hebrew date if known: Day_____Month_____Year_____ Do you want the name read according to the Hebrew or secular date? _____Hebrew _____Secular	Date of Death (Secular): Month_____Day_____Year_____ Hebrew date if known: Day_____Month_____Year_____ Do you want the name read according to the Hebrew or secular date? _____Hebrew _____Secular
<b>Full Name:</b>	<b>Full Name:</b>
<b>Relationship to Member:</b>	<b>Relationship to Member:</b>
Date of Death (Secular): Month_____Day_____Year_____ Hebrew date if known: Day_____Month_____Year_____ Do you want the name read according to the Hebrew or secular date? _____Hebrew _____Secular	Date of Death (Secular): Month_____Day_____Year_____ Hebrew date if known: Day_____Month_____Year_____ Do you want the name read according to the Hebrew or secular date? _____Hebrew _____Secular
<b>Full Name:</b>	<b>Full Name:</b>
<b>Relationship to Member:</b>	<b>Relationship to Member:</b>
Date of Death (Secular): Month_____Day_____Year_____ Hebrew date if known: Day_____Month_____Year_____ Do you want the name read according to the Hebrew or secular date? _____Hebrew _____Secular	Date of Death (Secular): Month_____Day_____Year_____ Hebrew date if known: Day_____Month_____Year_____ Do you want the name read according to the Hebrew or secular date? _____Hebrew _____Secular

Please complete and return this form to:

**TEMPLE BETH SHALOM**  
**1461 Baltimore-Annapolis Boulevard, MD 21012**

*Welcome to our congregational family!*