



TEMPLE BETH SHALOM
Many Voices, One Community

MEMBERSHIP APPLICATION FORM

Please complete both pages and return.

NAME:

Adult #1

Last First Middle

Adult #2

Last First Middle

ADDRESS:

Street, P.O. Box, Apt #, etc

City State Zip Code

PHONE:

Home Adult #1 Work Adult #2 Work

Adult #1 **E-mail:** _____ **Cell Phone** _____

Adult #2 **E-mail:** _____ **Cell Phone** _____

OCCUPATIONAL INFORMATION (If retired, please note previous occupation)

Adult #1 _____ Adult #2 _____

Wedding Anniversary _____ Today's date _____

Month Day Year

FAMILY INFORMATION:

Adult #1 _____, _____, _____, _____

Name Hebrew Name Sex Date of Birth (m/d/y)

Adult #2 _____, _____, _____, _____

Name Hebrew Name Sex Date of Birth (m/d/y)

Child #1 _____, _____, _____, _____

Name Hebrew Name Sex Date of Birth (m/d/y)

Child #2 _____, _____, _____, _____

Name Hebrew Name Sex Date of Birth (m/d/y)

Child #3 _____, _____, _____, _____

Name Hebrew Name Sex Date of Birth (m/d/y)

MISSION STATEMENT

Congregation Temple Beth Shalom commits to nurture and celebrate our connection with God, to cultivate a love and understanding of the Jewish heritage, and to strengthen community through the wholehearted practice of *Tikkun Olam* (repair, healing, and transformation of the world).

I hereby apply for membership in Temple Beth Shalom and commit myself to the purpose of this congregation as expressed in the TBS mission statement.

Adult # 1 _____
Adult # 2 _____

As a member of the Temple Beth Shalom community, I agree to sponsor at least one oneg each year.

GENERAL INFORMATION

Please share with us your primary interest in joining Temple Beth Shalom:

Would you be interested in volunteering your time at Temple Beth Shalom? _____
In what capacity?

Have you ever been a member of a congregation affiliated with the Union for Reform Judaism?
If yes: Congregation _____ City, State _____

If either adult was not a Bar/Bat Mitzvah, is this a goal which interests you? _____

Are you interested in information about:

___ Religious School ___ Preschool ___ Adult Education ___ Social Action

Yahrzeits:

<i>NAME</i>	<i>Date of Death (including year)</i>	<i>Relationship</i>
_____		<i>Father of</i> _____
_____		<i>Mother of</i> _____
_____		<i>Father of</i> _____
_____		<i>Mother of</i> _____

To be observed by: Secular Calendar _____ Hebrew Calendar _____

**Thank you for taking the time to complete this membership form.
We are delighted to welcome you to Temple Beth Shalom.**

Please use this space for any further observations or comments: