

TEMPLE BETH TORAH

Date: _____

MEMBER # 1

Name: _____

Are you Jewish? ___ Cohain ___ Levi ___ Israelite ___

Hebrew Name: _____

Can you daven? ___ Read Torah? ___ Read Haftorah? ___

Address: _____

Home Phone: _____

Previous Synagogue affiliation: _____

Birth Date: _____

Email: _____

Cell #: _____

Occupation: _____

Employer: _____

Business Phone: _____

MEMBER # 2

Name: _____

Are you Jewish? ___ Cohain ___ Levi ___ Israelite ___

Hebrew Name: _____

Can you daven? ___ Read Torah? ___ Read Haftorah? ___

Address: _____

Home Phone: _____

Previous Synagogue affiliation: _____

Birth Date: _____

Email: _____

Cell #: _____

Occupation: _____

Employer: _____

Business Phone: _____

Zip _____

Wedding Anniversary: _____

Members are the core of our congregation. Your participation is vital.

Please indicate your interest.

- I will help make a weekday minyan.
Please contact me to schedule.
- I would like to be a Shabbat usher.
Please contact me to schedule.
- I would like to read Torah on Shabbat.
Please contact me to schedule.
- I would like to join a committee or work on a special event.
 - __ Adult Education
 - __ Budget & Finance
 - __ Early Childhood
 - __ Education (Religious School)
 - __ 5-K Run
 - __ Golf Tournament
 - __ House & Maintenance
 - __ Membership
 - __ Men's Club
 - __ One & All (Social)
 - __ Ritual (Religious Services)
 - __ Sisterhood
 - __ Social Action
 - __ Special Events
 - __ Strategic Planning
 - __ Ways & Means (Fund Raising)
 - __ Youth Commission
 - __ Other _____

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Children at Home

Name: _____ Birth Date: _____ Hebrew Name: _____
Name: _____ Birth Date: _____ Hebrew Name: _____
Name: _____ Birth Date: _____ Hebrew Name: _____
Name: _____ Birth Date: _____ Hebrew Name: _____

Children at College

Name: _____ College Address: _____
Birth Date: _____
Hebrew Name: _____
Anticipated Graduation Date: _____ Email Address: _____

Name: _____ College Address: _____
Birth Date: _____
Hebrew Name: _____
Anticipated Graduation Date: _____ Email Address: _____

Yahrzeits

Name: _____ Yahrzeit Date: _____ Relationship: _____
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Name: _____ Yahrzeit Date: _____ Relationship: _____
Name: _____ Yahrzeit Date: _____ Relationship: _____

Post- Bar Mitzvah Youth Participation

Temple Beth Torah encourages its youth members to participate in religious services.
Please enter names in the space provided.

I will help make a weekday minyan. Please contact me to schedule. _____

I would like to be a Shabbat usher. Please contact me to schedule. _____

I would like to read Torah on Shabbat. Please contact me to schedule. _____

Who can we thank for referring you to Temple Beth Torah? _____

If there is anything we can do to help make Temple Beth Torah your new home, please tell us:

Member # 1
Signature: _____

Member # 2
Signature: _____