

TEMPLE B'NAI ABRAHAM

MEMBERSHIP APPLICATION

Application Date: _____

Welcome to Temple B'nai Abraham. We are delighted you have chosen to become part of our community. We hope that you will find membership an enriching experience and encourage you to explore the diverse opportunities for Jewish expression that Temple B'nai Abraham offers. All information in this application will be treated confidentially. Please let us know if you have any questions at all or need assistance in filling out this application.

Personal Information

	ADULT APPLICANT 1 Male Female	ADULT APPLICANT 2 Male Female
Title	Mr. Mrs. Ms. Other _____	Mr. Mrs. Ms. Other _____
Full Name		
By what first name to you wish to be addressed (if different from above)?		
Personal Status	Single Married _____ (date) Other _____	Partnered Divorced Widowed
Hebrew Name (if known)		
Date of Birth		
Birthplace		
Former city and state of residence		
Special Accommodations needed	Visual impairment (large print prayer book) Auditory impairment Physically challenged Other _____	Visual impairment (large print prayer book) Auditory impairment Physically challenged Other _____
Community Affiliations		

Contact Information

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Cell Phone 1: _____ Cell Phone 2: _____

Email 1: _____ Email 2: _____

Religious Background

	Adult Applicant 1	Adult Applicant 2
Religious background in which you were raised	Reform Conservative Orthodox Other _____ Jewish unaffiliated	Reform Conservative Orthodox Other _____ Jewish unaffiliated
If you became Jewish as an adult Date, Congregation, City		
Bar/Bat Mitzvah (if applicable) Date, Congregation, City		
Jewish by Choice (conversion date)		
Congregation most recently or currently affiliated with		
Please list any relatives who are TBA members		
Have you ever been a member of another synagogue? If so, when?		

Business Information

	Adult Applicant 1	Adult Applicant 2
Occupation/Title		
Area of specialization		
Business Name		
Address		
City, State, Zip		
Business Phone		
Parent's Names		

Yahrzeit Information (deceased members of your family to be included on Yahrzeit list)

Name	Date of death	Family Relationship

Children's Information

	Child 1 Male Female	Child 2 Male Female	Child 3 Male Female	Child 4 Male Female
First and middle name				
Last name (if different)				
Hebrew name (if known)				
Birth date (and grade if applicable)				
Address (if not living with you)				
Marital status	Single Married Partnered	Single Married Partnered	Single Married Partnered	Single Married Partnered
Is this child being raised in the Jewish faith?	Yes No	Yes No	Yes No	Yes No
Will this child be attending Religious School?	Yes No	Yes No	Yes No	Yes No
Bar/Bat Mitzvah: Date, Congregation, City				
School Attending:				
If previously attended Religious School, list Congregation and City				

If you have more than four children, please attach an additional page.

Emergency Contact Information

Adult 1 Name: _____

Phone: _____ Relationship: _____

Address: _____ City: _____ State: _____

Dr. Name & Phone: _____

Adult 2 Name: _____

Phone: _____ Relationship: _____

Address: _____ City: _____ State: _____

Dr. Name & Phone: _____

Opportunity for Participation

At Temple B'nai Abraham, we believe that joining a congregation is a spiritual and emotional commitment. We encourage all congregants to become involved in all aspects of life in our congregational community. In furthering this ideal, we request that upon signing this application you commit to participate in congregational life. Please indicate which of these areas interest you by checking the appropriate box or boxes. Your participation will help strengthen the community and will make your temple experience more meaningful. You will be contacted by a congregation member with more information.

Adult Learning	Holiday Celebrations and/or decoration	Website
Budget and Finance	Assisting with office work	Developing new programs
Social Action & Mitzvah Projects	Religious School Activities & projects	Library
Communications & Publicity	Visiting the Sick and Bereaved	Bulletin Writing, Editing
Maintenance & Building Repair	Sisterhood/Women of Reform Judaism	Fund Raising

Talent and Interest Survey

Cooking	Music	Painting	Gardening	Music	Public Relations
Baking	Carpentry	Sewing	Art	Travel	Teaching

Other _____

What are your interests?

Applicant 1: I, _____, am applying to become a member of TBA.

Signature _____ Date _____

Applicant 2: I, _____, am applying to become a member of TBA.

Signature _____ Date _____