

MEMBER INFORMATION FORM

To further your involvement in the life of the congregation, we ask you to complete this information form. In addition to helping us serve one another more effectively, this information facilitates our achieving an accurate profile of our membership, and enables us to plan for the Temple's future and your part in it.

Thank you for your cooperation and "Baruch Ha Ba" – Welcome to Temple Beth Or.

Member #1 (if a couple, please give information for each person separately)

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ May we publish in our directory? ___Yes ___No
EMAIL: _____ May we publish in our directory? ___Yes ___No
OCCUPATION/COMPANY NAME: _____ WORK PHONE: _____
TITLE: (Ms. Mrs. Mr. Dr. Prof. Etc.) _____ NAME PREFERRED: _____
HEBREW NAME: _____
DATE OF BIRTH: _____ MARITAL STATUS: _____
JEWISH: ___By Birth ___By Choice RELIGION: (if not Jewish) _____
BAR/BAT MITZVAH DATE: _____ CONFIRMATION DATE: _____

Member #2 (if a couple, please give information for each person separately)

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ May we publish in our directory? ___Yes ___No
EMAIL: _____ May we publish in our directory? ___Yes ___No
OCCUPATION/COMPANY NAME: _____ WORK PHONE: _____
TITLE: (Ms. Mrs. Mr. Dr. Prof. Etc.) _____ NAME PREFERRED: _____
HEBREW NAME: _____
DATE OF BIRTH: _____ MARITAL STATUS: _____
JEWISH: ___By Birth ___By Choice RELIGION: (if not Jewish) _____
BAR/BAT MITZVAH DATE: _____ CONFIRMATION DATE: _____

CHILD #1 (only dependent children living at home should be listed)

NAME: _____ DATE OF BIRTH: _____
NAME PREFERRED: _____ HEBREW NAME: _____
GRADE CHILD WILL BE IN AS OF SEPTEMBER 1st: _____
BAR/BAT MITZVAH DATE: _____ CONFIRMATION DATE: _____
NAME OF SCHOOL: _____

CHILD #2 (only dependent children living at home should be listed)

NAME: _____ DATE OF BIRTH: _____
NAME PREFERRED: _____ HEBREW NAME: _____
GRADE CHILD WILL BE IN AS OF SEPTEMBER 1st: _____
BAR/BAT MITZVAH DATE: _____ CONFIRMATION DATE: _____
NAME OF SCHOOL: _____

CHILD #3 (only dependent children living at home should be listed)

NAME: _____ DATE OF BIRTH: _____

NAME PREFERRED: _____ HEBREW NAME: _____

GRADE CHILD WILL BE IN AS OF SEPTEMBER 1st: _____

BAR/BAT MITZVAH DATE: _____ CONFIRMATION DATE: _____

NAME OF SCHOOL: _____

CHILD #4 (only dependent children living at home should be listed)

NAME: _____ DATE OF BIRTH: _____

NAME PREFERRED: _____ HEBREW NAME: _____

GRADE CHILD WILL BE IN AS OF SEPTEMBER 1st: _____

BAR/BAT MITZVAH DATE: _____ CONFIRMATION DATE: _____

NAME OF SCHOOL: _____

CHILD #5 (only dependent children living at home should be listed)

NAME: _____ DATE OF BIRTH: _____

NAME PREFERRED: _____ HEBREW NAME: _____

GRADE CHILD WILL BE IN AS OF SEPTEMBER 1st: _____

BAR/BAT MITZVAH DATE: _____ CONFIRMATION DATE: _____

NAME OF SCHOOL: _____

CHILD #6 (only dependent children living at home should be listed)

NAME: _____ DATE OF BIRTH: _____

NAME PREFERRED: _____ HEBREW NAME: _____

GRADE CHILD WILL BE IN AS OF SEPTEMBER 1st: _____

BAR/BAT MITZVAH DATE: _____ CONFIRMATION DATE: _____

NAME OF SCHOOL: _____

***Please Go To the Religious School Page
for School Registration Information and Forms***

Thank you for taking the time to complete the above form, and again, welcome to Temple Beth Or.