

# MEMBERSHIP INFORMATION FORM

\_\_\_\_\_ Date

"Baruch Ha Ba" - Welcome to Temple Beth Or

<b>Member #1</b>					
_____	_____	_____	_____	_____	
Title	First Name	Middle Name	Last Name	Jr., Sr., III, etc.	
_____		_____	_____	_____	_____
Street Address		Apt./Suite	City	State	Zip
_____			_____		
_____			Male <input type="checkbox"/> Female <input type="checkbox"/>		
_____	_____	_____		_____	
Home Phone	Cell Phone	Work Phone			
_____		_____		_____	
Nickname		Birth Date	Marital Status	Anniversary Date	
_____		_____		_____	
_____		_____			
Occupation		Business/Company Name	Email Address		
_____		_____			
_____			_____	_____	
Hebrew Name			B'nai Mitzvah Date	Confirmation Date	
_____			_____		
Jewish <input type="checkbox"/> - Or - Not Jewish <input type="checkbox"/> Religion if not Jewish: _____					
Previous Synagogue Affiliation: Name: _____ City/State: _____					

<b>Member #2</b>					
_____	_____	_____	_____	_____	
Title	First Name	Middle Name	Last Name	Jr., Sr., III, etc.	
_____		_____	_____	_____	_____
Street Address		Apt./Suite	City	State	Zip
_____		_____			
_____		Male <input type="checkbox"/> Female <input type="checkbox"/>			
_____	_____	_____		_____	
Home Phone	Cell Phone	Work Phone			
_____		_____		_____	
Nickname		Birth Date	Marital Status	Anniversary Date	
_____		_____		_____	
_____		_____			
Occupation		Business/Company Name	Email Address		
_____		_____			
_____			_____	_____	
Hebrew Name			B'nai Mitzvah Date	Confirmation Date	
_____			_____		
Jewish <input type="checkbox"/> - Or - Not Jewish <input type="checkbox"/> Religion if not Jewish: _____					

~~~ Please fill in the back of this page for children's information ~~~

Information in this section to be completed by Executive Director

Join Date: \_\_\_\_\_

## MEMBERSHIP INFORMATION FORM – Continued

|                 |            |                                   |                   |                                                               |
|-----------------|------------|-----------------------------------|-------------------|---------------------------------------------------------------|
| <b>Child #1</b> | _____      | _____                             | _____             | _____                                                         |
|                 | First Name | Middle Name                       | Last Name         | Jr., Sr., III, etc.                                           |
| _____           | _____      | _____                             | _____             | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| Nickname        | Birth Date | Grade as of Sept. 1 <sup>st</sup> | Name of School    |                                                               |
| _____           | _____      | _____                             | _____             | _____                                                         |
| Hebrew Name     |            | B'nai Mitzvah Date                | Confirmation Date |                                                               |

|                 |            |                                   |                   |                                                               |
|-----------------|------------|-----------------------------------|-------------------|---------------------------------------------------------------|
| <b>Child #2</b> | _____      | _____                             | _____             | _____                                                         |
|                 | First Name | Middle Name                       | Last Name         | Jr., Sr., III, etc.                                           |
| _____           | _____      | _____                             | _____             | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| Nickname        | Birth Date | Grade as of Sept. 1 <sup>st</sup> | Name of School    |                                                               |
| _____           | _____      | _____                             | _____             | _____                                                         |
| Hebrew Name     |            | B'nai Mitzvah Date                | Confirmation Date |                                                               |

|                 |            |                                   |                   |                                                               |
|-----------------|------------|-----------------------------------|-------------------|---------------------------------------------------------------|
| <b>Child #3</b> | _____      | _____                             | _____             | _____                                                         |
|                 | First Name | Middle Name                       | Last Name         | Jr., Sr., III, etc.                                           |
| _____           | _____      | _____                             | _____             | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| Nickname        | Birth Date | Grade as of Sept. 1 <sup>st</sup> | Name of School    |                                                               |
| _____           | _____      | _____                             | _____             | _____                                                         |
| Hebrew Name     |            | B'nai Mitzvah Date                | Confirmation Date |                                                               |

|                 |            |                                   |                   |                                                               |
|-----------------|------------|-----------------------------------|-------------------|---------------------------------------------------------------|
| <b>Child #4</b> | _____      | _____                             | _____             | _____                                                         |
|                 | First Name | Middle Name                       | Last Name         | Jr., Sr., III, etc.                                           |
| _____           | _____      | _____                             | _____             | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| Nickname        | Birth Date | Grade as of Sept. 1 <sup>st</sup> | Name of School    |                                                               |
| _____           | _____      | _____                             | _____             | _____                                                         |
| Hebrew Name     |            | B'nai Mitzvah Date                | Confirmation Date |                                                               |