

Temple Beth Ami is a caring, inclusive congregational community united by Torah, guided by the philosophy of reform Judaism and committed to the Jewish people. We provide the foundation and resources to our congregants to engage in life-long Jewish learning, the pursuit of spiritual growth and the promotion of social justice for all.

Baruch Ha Ba; welcome to Temple Beth Ami. To further your full involvement in the life of our congregation, we ask you to complete this application and information form. In addition to helping us serve one another more effectively, this information facilitates our better achieving an accurate profile of our membership, and enables us more efficiently to plan our future.

- MEMBERSHIP CATEGORIES: Household (includes two adults and their unmarried children under age 25)
 Single Household (one adult w/wo unmarried children under age 25)
 Young Household (both adults under 35)
 Young Single Household (adult under 35)
 Young Professionals (age 25-30) (no children)
 Student
 Courtesy Member – newly married children of members only
 Non-member Machane TBA

ADULT 1

LAST NAME _____

R/MRS/MS/DR/other _____

FIRST NAME _____

NICKNAME _____

DATE OF BIRTH (M/D/Y) _____

HOME ADDRESS _____

HOME/CELL NUMBER _____

EMAIL ADDRESS _____

MARITAL STATUS _____

ANNIVERSARY (M/D/Y) _____

BLOOD TYPE _____

if you are willing to donate in an emergency

OCCUPATION _____

EMPLOYER _____

BUSINESS ADDRESS _____

BUSINESS PHONE _____

SPECIAL HOBBIES, SKILLS, TALENTS, INTEREST _____

HEBREW NAME _____

RELATIVE (Name & Relationship) To Temple Beth Ami MEMBER

PREVIOUS SYNAGOGUE AFFILIATION (AS AN ADULT)

OTHER JEWISH OR COMMUNITY ORGANIZATION

INVOLVEMENT _____

NON JEWISH MEMBER IN IMMEDIATE FAMILY

ADULT 2

LAST NAME _____

R/MRS/MS/DR/other _____

FIRST NAME _____

NICKNAME _____

DATE OF BIRTH (M/D/Y) _____

HOME ADDRESS _____

HOME/CELL NUMBER _____

EMAIL ADDRESS _____

MARITAL STATUS _____

ANNIVERSARY (M/D/Y) _____

BLOOD TYPE _____

if you are willing to donate in an emergency

OCCUPATION _____

EMPLOYER _____

BUSINESS ADDRESS _____

BUSINESS PHONE _____

SPECIAL HOBBIES, SKILLS, TALENTS, INTEREST _____

HEBREW NAME _____

RELATIVE (Name & Relationship) To Temple Beth Ami MEMBER

PREVIOUS SYNAGOGUE AFFILIATION (AS AN ADULT)

OTHER JEWISH OR COMMUNITY ORGANIZATION

INVOLVEMENT _____

NON JEWISH MEMBER IN IMMEDIATE FAMILY

Yahrzeit Information

At our weekly Shabbat services, Temple Beth Ami observes the Yahrzeit anniversaries of those loved ones close to us who have passed away. Please list below all names you wish to have included in our Yahrzeit data file. All names in this file will be included in Shabbat service on the weekend following the Yahrzeit and in the Memorial Book on Yom Kippur.

Name	Relationship to Temple Member	Date of Yahrzeit*
_____	_____	_____
_____	_____	_____
_____	_____	_____

*It is customary at Temple Beth Ami to use the English date for Yahrzeit observance: please indicate if you wish the Hebrew date to be used.

PLEASE FILL OUT THE FOLLOWING FOR ALL CHILDREN UNDER AGE 25 LIVING AT HOME

Pre-Religious School Age:

<u>Name:</u>	<u>Hebrew Name</u>	<u>Birth date</u>	<u>Nursery School</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Religious School Age:

<u>Name:</u>	<u>Hebrew Name</u>	<u>Birth date</u>	<u>Current Public School Grade</u>	<u>Previous Religious School</u>	<u>Last Grade Religious School Completed</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Post Religious School Age:

<u>Name:</u>	<u>Hebrew Name</u>	<u>Birth date</u>	<u>Most Recent School</u>	<u>Date of Graduation</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

As a member of Temple Beth Ami, I recognize that I have responsibilities to the Temple community, just as the Temple has to me and my family. Together we will learn, grow, build friendships, and create memories.

Having met with the Temple membership representative on _____, I understand and accept the following obligations of membership.

_____ (please initial) I understand the Temple fee structure, and my financial obligations

_____ (please initial) If at anytime I cannot meet my financial obligation, I understand it is my responsibility to contact the Financial Secretary to work out a payment plan, which is for the current fiscal year only.

_____ (please initial) I understand that in order to celebrate becoming a Bar/Bat Mitzvah at Temple Beth Ami my child(ren) must attend Machane TBA from first grade through eighth grade.

_____ (please initial) I understand that specific Machane TBA sessions cannot be guaranteed.

_____ (please initial) I understand that membership does not guarantee Nursery School enrollment

_____ (please initial) I understand that my obligation to participate in an oneg.

Name/Signature

Date