

Temple Kehillat Chaim

1145 Green Street
Roswell, GA 30075-3609

MEMBERSHIP APPLICATION



Member 1: _____
Title First Name Middle Last Name

Member 2: _____
Title First Name Middle Last Name

MEMBERSHIP DATE: _____

770-641-8630
fax 770-641-8639
Office@KehillatChaim.org
www.kehillatchaim.org

INDIVIDUAL INFORMATION

Member 1

Member 2

Name: _____	Name: _____
Goes By: _____	Goes By: _____
Hebrew Name: _____	Hebrew Name: _____
Sex: M _____ F _____	Sex: M _____ F _____
Birth date: ____/____/____ Born after sundown? Y____ N____	Birth date: ____/____/____ Born after sundown? Y____ N____
Occupation: _____	Occupation: _____
Work Phone: _____	Work Phone: _____
Are you Jewish? Y____ N____	Are you Jewish? Y____ N____
Bar/Bat Mitzvah Date: ____/____/____	Bar/Bat Mitzvah Date: ____/____/____
Conversion Date: _____	Conversion Date: _____
Interests/Activities: _____	Interests/Activities: _____

HOME INFORMATION

*(Please note that our database **does not** accept partial dates, so please provide **month, day, year**)*

Street address: _____

City _____ State _____ Zip _____

Home Phone _____ Subdivision _____

(Please include your area code)

Please list any extra numbers and their use (fax, 2nd line, car, etc). An X in the box prior to a number, indicates it is okay to receive calls at this number.

(____) _____ (____) _____

Email 1 address: _____ Email 2 address: _____

Use

Use

Previous Temple affiliation _____

List any Board/Officer/Committee experience _____

How did you hear about Kehillat Chaim? _____

Marital Status (S, M, W, D) Wedding Anniversary (MM/DD/YYYY) _____

MEMBERSHIP TYPE

_____ Associate*

_____ Senior Couple

_____ Student Single**

_____ Family

_____ Senior Single

_____ Young Member Family***

_____ Single

_____ Student Couple**

_____ Young Member Single***

_____ Honorary

* Primary affiliation: _____

** Please include copy of current student ID

*** Please include copy of valid driver's license

CHILDREN

Name: _____ First Middle Last	Name: _____ First Middle Last
Goes By: _____	Goes By: _____
Hebrew Name:	Hebrew Name:
Sex: M _____ F _____	Sex: M _____ F _____
Birth date: ____/____/____ Born after sundown? Y____ N____	Birth date: ____/____/____ Born after sundown? Y____ N____
Bar/Bat Mitzvah date: ____/____/____	Bar/Bat Mitzvah date: ____/____/____
Attends Religious School? Y____ N____ Grade:	Attends Religious School? Y____ N____ Grade:
Attends Hebrew School? Y____ N____ Grade:	Attends Hebrew School? Y____ N____ Grade:
Emergency Contact: _____ Phone: _____	Emergency Contact: _____ Phone: _____
Email address: _____	Email address: _____
Involved in: Senior Youth Group Y____ N____ Junior Youth Group Y____ N____ Junior Choir Y____ N____	Involved in: Senior Youth Group Y____ N____ Junior Youth Group Y____ N____ Junior Choir Y____ N____

Name: _____ First Middle Last	Name: _____ First Middle Last
Goes By: _____	Goes By: _____
Hebrew Name:	Hebrew Name:
Sex: M _____ F _____	Sex: M _____ F _____
Birth date: ____/____/____ Born after sundown? Y____ N____	Birth date: ____/____/____ Born after sundown? Y____ N____
Bar/Bat Mitzvah date: ____/____/____	Bar/Bat Mitzvah date: ____/____/____
Attends Religious School? Y____ N____ Grade:	Attends Religious School? Y____ N____ Grade:
Attends Hebrew School? Y____ N____ Grade:	Attends Hebrew School? Y____ N____ Grade:
Emergency Contact: _____ Phone: _____	Emergency Contact: _____ Phone: _____
Email address: _____	Email address: _____
Involved in: Senior Youth Group Y____ N____ Junior Youth Group Y____ N____ Junior Choir Y____ N____	Involved in: Senior Youth Group Y____ N____ Junior Youth Group Y____ N____ Junior Choir Y____ N____

Please make additional copies of this page, if necessary

YAHRTZEITS

Name: _____
Last First Hebrew
Date of death: ____/____/____ Related to whom and how? _____
Remembered On: (check one): Hebrew date ____ English date ____
Observed By: (Circle One) Family Member 1 Member 2

Name: _____
Last First Hebrew
Date of death: ____/____/____ Related to whom and how? _____
Remembered On: (check one): Hebrew date ____ English date ____
Observed By: (Circle One) Family Member 1 Member 2

Name: _____
Last First Hebrew
Date of death: ____/____/____ Related to whom and how? _____
Remembered On: (check one): Hebrew date ____ English date ____
Observed By: (Circle One) Family Member 1 Member 2

Name: _____
Last First Hebrew
Date of death: ____/____/____ Related to whom and how? _____
Remembered On: (check one): Hebrew date ____ English date ____
Observed By: (Circle One) Family Member 1 Member 2

Name: _____
Last First Hebrew
Date of death: ____/____/____ Related to whom and how? _____
Remembered On: (check one): Hebrew date ____ English date ____
Observed By: (Circle One) Family Member 1 Member 2

COMMENTS