



TEMPLE KEHILLAT CHAIM MEMBERSHIP APPLICATION

INDIVIDUAL INFORMATION

Adult 1

Adult 2 (If Applicable)

| | |
|---|---|
| Name: _____ | Name: _____ |
| Goes By: _____ | Goes By: _____ |
| Hebrew Name: _____ | Hebrew Name: _____ |
| Gender: _____ | Gender: _____ |
| Birth date: ____/____/____ Born after sundown? Y____ N____ | Birth date: ____/____/____ Born after sundown? Y____ N____ |
| Occupation: _____ | Occupation: _____ |
| Mobile Phone: _____ | Mobile Phone: _____ |
| E-mail: _____ | Email: _____ |
| B Mitzvah Date: ____/____/____ | B Mitzvah Date: ____/____/____ |

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)

Previous Synagogue affiliation _____

How did you hear about Temple Kehillat Chaim? _____

Marital Status _____ Wedding Anniversary, If Applicable (MM/DD/YYYY) _____

MEMBERSHIP TYPE

_____ Associate

_____ Senior Couple

_____ Student Single*

_____ Family

_____ Senior Single

_____ Young Member Family**

_____ Single

_____ Student Couple*

_____ Young Member Single**

_____ Honorary

*Please include copy of current student ID

CHILDREN

| | |
|--|--|
| Name: _____ First Middle Last Goes By: _____ | Name: _____ First Middle Last Goes By: _____ |
| Hebrew Name: _____ | Hebrew Name: _____ |
| Gender: M _____ F _____ | Gender: M _____ F _____ |
| Birth date: _____/_____/_____ Born after sundown? Y _____ N _____ | Birth date: _____/_____/_____ Born after sundown? Y _____ N _____ |
| B Mitzvah date: _____/_____/_____ Attends Religious School? Y _____ N _____ | B Mitzvah date: _____/_____/_____ Attends Religious School? Y _____ N _____ |
| Emergency Contact: _____ Phone: _____ | Emergency Contact: _____ Phone: _____ |
| Email address: _____ | Email address: _____ |
| Interested in: Youth Group Y _____ N _____ Junior Choir Y _____ N _____ | Interested in: Youth Group Y _____ N _____ Junior Choir Y _____ N _____ |

| | |
|--|--|
| Name: _____ First Middle Last Goes By: _____ | Name: _____ First Middle Last Goes By: _____ |
| Hebrew Name: _____ | Hebrew Name: _____ |
| Gender: M _____ F _____ | Gender: M _____ F _____ |
| Birth date: _____/_____/_____ Born after sundown? Y _____ N _____ | Birth date: _____/_____/_____ Born after sundown? Y _____ N _____ |
| B Mitzvah date: _____/_____/_____ Attends Religious School? Y _____ N _____ | B Mitzvah date: _____/_____/_____ Attends Religious School? Y _____ N _____ |
| Emergency Contact: _____ Phone: _____ | Emergency Contact: _____ Phone: _____ |
| Email address: _____ | Email address: _____ |
| Interested in: Youth Group Y _____ N _____ Junior Choir Y _____ N _____ | Interested in: Youth Group Y _____ N _____ Junior Choir Y _____ N _____ |

Please make additional copies of this page, if necessary

YAHREZITS

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

COMMENTS