

APPLICATION FOR MEMBERSHIP

Temple Emanuel

1163 Persinger Road
Roanoke, Virginia 24015
(540) 342-3378

Date: _____

We (I) hereby apply for membership in Temple Emanuel, a congregation dedicated to the principles of Reform Judaism. Our primary goals are the enhancement of our religious experience, the continuing education of our members and their children.

FAMILY RECORD

Mailing Name and Address

Marital Status

Name _____
Address _____
City & State _____ Zip code ____
Telephone Number _____

[] Married (Date of Marriage) ____ / ____ / ____
[] Single (never married) [] Separated
[] Widowed [] Divorced

Family E-mail Address: _____

Previous Community and Congregational Affiliation:

MALE

FEMALE

First and Middle Names _____
Hebrew name (if applicable) _____
Date of Birth ____ / ____ / ____

First and Middle Names _____
Hebrew name (if applicable) _____
Date of Birth ____ / ____ / ____

Occupation _____
Business Name _____
Business Address _____
Business City & State _____
Zip Code ____
Business Telephone _____

Occupation _____
Business Name _____
Business Address _____
Business City & State _____
Zip Code ____
Business Telephone _____

Email Address: _____

Email Address: _____

Religious Background

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[] Reform [] Conservative [] Orthodox [] None
[] Non-Jewish (Religious Affiliation) _____
[] Convert to Judaism (year) _____
[] Read Hebrew
Bar Mitzvah Date _____
Confirmation Date: _____

[] Reform [] Conservative [] Orthodox [] None
[] Non-Jewish (Religious Affiliation) _____
[] Convert to Judaism (year) _____
[] Read Hebrew
Bat Mitzvah Date _____
Confirmation Date: _____

DEPENDENT CHILDREN

Name	Hebrew Name	Date of Birth	School	Grade
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CHILDREN NOT LIVING AT HOME

Name	Address	City, State & Zip	Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MEMORIALS

Yahrzeits are observed and announced at the religious service closest to date of death. Please list names of those you wish remembered, and English month, day, and year of death. **I prefer the Hebrew date.**

Family relationship	Last Name	First name & Initial	Date of Death
Male: Mother	_____	_____	_____
Father	_____	_____	_____
Female: Mother	_____	_____	_____
Father	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Does family have cemetery lot? If yes, where? _____

I am interested in being contacted regarding Temple Emanuel Cemetery:

I would like to be involved in the following Committee(s)

M	F		M	F	
<input type="checkbox"/>	<input type="checkbox"/>	Adult Education	<input type="checkbox"/>	<input type="checkbox"/>	Membership
<input type="checkbox"/>		Brotherhood	<input type="checkbox"/>	<input type="checkbox"/>	Outreach
<input type="checkbox"/>	<input type="checkbox"/>	Bulletin Production		<input type="checkbox"/>	Sisterhood
<input type="checkbox"/>	<input type="checkbox"/>	Caring Community	<input type="checkbox"/>	<input type="checkbox"/>	Social Action
<input type="checkbox"/>	<input type="checkbox"/>	Cemetery	<input type="checkbox"/>	<input type="checkbox"/>	Social Activities
<input type="checkbox"/>	<input type="checkbox"/>	Choir	<input type="checkbox"/>	<input type="checkbox"/>	Special Events
<input type="checkbox"/>	<input type="checkbox"/>	Fund Raising	<input type="checkbox"/>	<input type="checkbox"/>	Worship/Pulpit
<input type="checkbox"/>	<input type="checkbox"/>	House	<input type="checkbox"/>	<input type="checkbox"/>	Youth Camps
<input type="checkbox"/>	<input type="checkbox"/>	Library			

Please list any other special talents or interests (i.e., sing, play instrument, drama, writing, photography, etc):

M _____ F _____
