

Temple Beth Sholom Membership Application

4144 Chase Avenue, Miami Beach, FL 33140
305.538.7231 | 305.531.4248 | www.tbsmb.org
Please complete both sides of this application

Name: _____
Please print name(s) as you wish to be listed on Temple roster, i.e. Jane and Jon Cohen

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Is billing address the same? Yes No. *If no, please provide billing address:*

Billing Address: _____ Phone: _____

Marital Status: Single Partnered Divorced Separated Widowed Married (Anniversary __/__/__)

Adult 1

Full name (include maiden name): _____ Hebrew name: _____

Single or Family Membership: Single Family Nickname: _____ Date of birth: / /

Gender: _____ E-Mail address: _____ Mobile number: _____

Occupation: _____ Specialization or expertise: _____

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Company Phone: _____ Extension: _____

Religious Tradition in which you were raised: Reform Reconstructionist Conservative Non-Practicing Modern Orthodox Orthodox Other

List relationship to any member of Temple Beth Sholom:

Name & Relationship: _____

Name & Relationship: _____

Reason for joining: _____

Referred by: _____

Adult 2

Full name (include maiden name): _____ Hebrew name: _____

Single or Family Membership: Single Family Nickname: _____ Date of birth: / /

Gender: _____ E-Mail address: _____ Mobile number: _____

Occupation: _____ Specialization or expertise: _____

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Company Phone: _____ Extension: _____

Religious Tradition in which you were raised: Reform Reconstructionist Conservative Non-Practicing Modern Orthodox Orthodox Other

List relationship to any member of Temple Beth Sholom:

Name & Relationship: _____

Name & Relationship: _____

Reason for joining: _____

Referred by: _____

If applicable, please fill in the following information as it applies to each of your children under the age of 25

	Child 1	Child 2	Child 3
Last Name:			
First & Middle Names:			
Hebrew Name:			
Date of Birth			
Gender:			
B'nei Mitzvah Date:			
Is/Are your child/children attending:	Temple Beth Sholom <input type="checkbox"/> Infant/Toddler Care <input type="checkbox"/> Foundation School	Temple Beth Sholom <input type="checkbox"/> Infant/Toddler Care <input type="checkbox"/> Foundation School	Temple Beth Sholom <input type="checkbox"/> Infant/Toddler Care <input type="checkbox"/> Foundation School
Name of school/university:	<input type="checkbox"/> Public <input type="checkbox"/> Private	<input type="checkbox"/> Public <input type="checkbox"/> Private	<input type="checkbox"/> Public <input type="checkbox"/> Private
If college student, expected date of graduation:			
If adult, occupation:			
Address if not living with you:			
Marital Status:			
Name of Spouse if married:			
E-Mail Address:			

Other Information

Do you have any special needs Yes No

Please specify:

Would you like to have a personal meeting with the one of our rabbis? Yes No

Please list the names and dates of those for whom you wish *Yahrzeit* (anniversary or death) notices sent. I/We would like to observe the Secular English date for Yahrzeit of my loved ones (attach an additional sheet if necessary).

Name	Yahrzeit Date & Year (before or after sundown)	Relationship to Which Member

Person(s) to contact in case of emergency

Name	Phone	Relationship