

## MEMBERSHIP APPLICATION

**TO THE BOARD OF TRUSTEES:**

I hereby apply for membership in Suburban Temple - Kol Ami.

I agree to pledge an annual gift as part of the "Open Doors" membership program and to abide by and support the Constitution and By-Laws of Suburban Temple - Kol Ami. I further agree to pay in full any obligation I have undertaken to any other congregation.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Please print.**

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email \_\_\_\_\_

Current Marital Status  Married Date of marriage \_\_\_\_\_

Single  Separated  Divorced  Widow/Widower

Previous Congregational Affiliation \_\_\_\_\_

**MEMBER ONE**

Name \_\_\_\_\_  
(last) (first) (middle)

Date of Birth \_\_\_\_\_ Number of years in Cleveland \_\_\_\_\_

Occupation \_\_\_\_\_  
 Full time  Part time  Retired

Company Name \_\_\_\_\_

Business Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Business Phone \_\_\_\_\_

Current Religious Preference:  Reform  Conservative  Orthodox  
 Non-Jewish Denomination \_\_\_\_\_ Year converted \_\_\_\_\_

**CHILDREN (residing with parents)**

Last name	First name	M/F	Date of Birth	Grade in School
_____	_____	___	_____	_____
_____	_____	___	_____	_____
_____	_____	___	_____	_____
_____	_____	___	_____	_____



### MEMBERSHIP APPLICATION

#### **MEMBER ONE PARENTS**

Parent 1: \_\_\_\_\_ M/F \_\_\_ Living \_\_\_ Deceased Date: \_\_\_\_\_

Address \_\_\_\_\_

Congregational Affiliation \_\_\_\_\_

Parent 2: \_\_\_\_\_ M/F \_\_\_ Living \_\_\_ Deceased Date: \_\_\_\_\_

Address \_\_\_\_\_

Congregational Affiliation \_\_\_\_\_

#### **MEMBER ONE - SIBLINGS**

Name \_\_\_\_\_ Spouse \_\_\_\_\_ Address \_\_\_\_\_ Congregational Affiliation \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### **MEMBER TWO INFO**

Name \_\_\_\_\_  
(last) (first) (middle)

Date of Birth \_\_\_\_\_ Number of years in Cleveland \_\_\_\_\_

Occupation \_\_\_\_\_  
\_\_\_\_\_ Full time \_\_\_ Part time \_\_\_ Retired

Company Name \_\_\_\_\_

Business Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_ Nickname \_\_\_\_\_

Current Religious Preference: Reform \_\_\_ Conservative \_\_\_ Orthodox \_\_\_  
\_\_\_ Non-Jewish Denomination \_\_\_ Year converted \_\_\_\_\_

#### **CHILDREN (residing with parents)**

Last name \_\_\_\_\_ First name \_\_\_\_\_ M/F \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade in School \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## MEMBERSHIP APPLICATION

### MEMBER TWO - PARENTS

Parent 1: \_\_\_\_\_ M/F \_\_\_ Living \_\_\_ Deceased Date: \_\_\_\_\_

Address \_\_\_\_\_

Congregational Affiliation \_\_\_\_\_

Parent 2: \_\_\_\_\_ M/F \_\_\_ Living \_\_\_ Deceased Date: \_\_\_\_\_

Address \_\_\_\_\_

Congregational Affiliation \_\_\_\_\_

### MEMBER TWO - SIBLINGS

Name	Spouse	Address	Congregational Affiliation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please share with us your principal reasons for joining Suburban Temple-Kol Ami at this time.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What can we do to help make your first year of membership meaningful for your family?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### FOR OFFICE USE ONLY

Date of inquiry/conversation/meeting \_\_\_\_\_ Staff member \_\_\_\_\_

Referred by \_\_\_\_\_

Date in MM \_\_\_\_\_ Pledge received \_\_\_\_\_