



Temple Avodat Shalom

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 River Edge, NJ 07661-1035
 (201) 489-2463
 Fax (201) 489-0775

HTTP://www.avodatshalom.net
 EMAIL:administrator@avodatshalom.net

MEMBERSHIP INFORMATION

Date of Application _____

Family Number _____

(Office Use Only)

Name:	Member 1 (Last, First Name)	Member 2 (Last, First Name)
Address		
Phone Number(home)		
Phone Number (cell)		
E-mail Address		
Date of Birth		
Occupation		
Business Name		
Business Address		
Business Phone		
Business Fax		
Religious Background	<input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Reconstructionist <input type="checkbox"/> Jew by Choice <input type="checkbox"/> Other (Denomination _____)	<input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Reconstructionist <input type="checkbox"/> Jew by Choice <input type="checkbox"/> Other (Denomination _____)
Talents/Hobbies		
Special Needs		
Former Affiliation		
Do you read Hebrew?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

FAMILY INFORMATION

Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced
If Married, Date of Marriage	

CHILDREN'S INFORMATION

Name		Date of Birth	
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Grade in School			
Special Needs			
If Married, Spouse name			
Address (if different from parents)			
Phone (if different from parents)			

CHILDREN'S INFORMATION

Name		Date of Birth	
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Grade in School			
Special Needs			
If Married, Spouse name			
Address (if different from parents)			
Phone (if different from parents)			

CHILDREN'S INFORMATION

Name		Date of Birth	
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Grade in School			
Special Needs			
If Married, Spouse name			
Address (if different from parents)			
Phone (if different from parents)			

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Name		Date of Birth	
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Grade in School			
Special Needs			
If Married, Spouse name			
Address (if different from parents)			
Phone (if different from parents)			

Name		Date of Birth	
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Grade in School			
Special Needs			
If Married, Spouse name			
Address (if different from parents)			
Phone (if different from parents)			

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Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Grade in School			
Special Needs			
If Married, Spouse name			
Address (if different from parents)			
Phone (if different from parents)			

Yahrzeit Information

<i>Name</i>	<i>Relationship</i>	<i>Memorial Date</i>
		<input type="checkbox"/> Hebrew <input type="checkbox"/> English
		<input type="checkbox"/> Hebrew <input type="checkbox"/> English
		<input type="checkbox"/> Hebrew <input type="checkbox"/> English
		<input type="checkbox"/> Hebrew <input type="checkbox"/> English
		<input type="checkbox"/> Hebrew <input type="checkbox"/> English

Interests

We are/I am interested in participating in the following activities/committees:

Adult Choir	M __ W __	Junior Choir	M __ W __	Shiva Minyan	M __ W __
Adult Education	M __ W __	Membership	M __ W __	Sisterhood	M __ W __
Brotherhood	M __ W __	Newsletter	M __ W __	Social Action	M __ W __
Building	M __ W __	Religious School	M __ W __	Ways & Means	M __ W __
Finance	M __ W __	Ritual	M __ W __	Youth Group	M __ W __

Emergency Contact

Name		Relationship	
Address			
Phone Number			

Signature _____ Date _____

Signature _____ Date _____

(Please complete and enclose Building Fund Pledge Card.)