

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

Temple Avodat Shalom

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	☐ Reform ☐ Conservative ☐ Orthodox ☐ Reconstructionist ☐ Jew by Choice ☐ Other (Denomination)	Reform Conservative Orthodox Reconstructionist Jew by Choice Other (Denomination)	
Talents/Hobbies			
Special Needs			
Former Affiliation			
Do vou read Hebrew?	☐ yes ☐ no	☐ yes ☐ no	

FAMILY INFORMATION						
Marital Status	Marital Status Single Single Widowed Divorced					
If Married, Date of Marriage						
CHILDREN'S INFORMATION						
Name] a: 1 [lw.	D: 1	Date of Birth	
Marital Status	☐ Married ☐	Single _	Widowed 1	Divorced	Sex	☐ Male ☐Female
Grade in School						
Special Needs						
If Married, Spous	se name					
Address (if different	ent from par	rents)				
Phone (if differen						
	(CHILDI	REN'S INF	ORMAT	ΓΙΟΝ	
Name					Date of Birth	
Marital Status	Married	Single _	Widowed 1	Divorced	Sex	☐ Male ☐Female
Grade in School						
Special Needs			ı			
If Married, Spous	se name					
Address (if different from parents)						
Phone (if different from parents)						
CHILDREN'S INFORMATION						
Name					Date of Birth	
Marital Status	Married] Single [Widowed 🔲	Divorced	Sex	☐ Male ☐Female
Grade in School						
Special Needs						
If Married, Spouse name						
Address (if different from parents)						

Phone (if different from parents)

CHILDREN'S INFORMATION

	I		I		
Name			Date of Birth		
Marital Status	☐ Married ☐ Single ☐	Widowed Divorced	Sex	☐ Male ☐ Female	
Grade in School			Sen		
Grade in School					
G 'IN I					
Special Needs					
If Married, Spouse name					
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Address (if differ	ent from narents)				
riddiess (ii differ	ent irom parents)				
Dhana (if differen	t from november				
Phone (if differen	it from parents)				
	T		T		
Name			Date of Birth		
Marital Status	☐ Married ☐ Single ☐	Widowed Divorced	Sex	☐ Male ☐ Female	
Grade in School					
Grade in School					
Special Needs					
Special Needs					
70.7					
If Married, Spouse name					
Address (if differ	ent from parents)				
Phone (if different from parents)					
(w					
Name			D-4 CD' 41		
Name	☐ Married ☐ Single ☐	W:11 \(\subset \s	Date of Birth	☐ Male ☐ Female	
Marital Status	☐ Married ☐ Single ☐	Widowed Divorced	Sex	Male Female	
Grade in School					
Special Needs					
If Married, Spouse name					
Address (if different from parents)					
Address (if different from parents)					
Phone (if different from parents)					

YAHRZEIT INFORMATION

Name		Relationship		Memorial Date				
		•		Hebrew English				
				Hebrew En				
				□ Habaana □ Esadia				
				☐ Hebrew ☐ English				
				☐ Hebrew ☐ English				
				☐ Hebrew ☐ 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				
Building	M W	Religious School	M W	Ways & Means	<u>M</u> _W			
Finance	M W	Ritual	M W	Youth Group	 M W			
EMERGENCY CONTACT								
Name			Relationsh	ip				
Address								
Phone Number								
Signature			_ Date _					
Signature			_ Date _					

(Please complete and enclose Building Fund Pledge Card.) Temple Avodat Shalom Membership Application – Revised 6/2016