



APPLICATION FOR MEMBERSHIP

MEMBER 1

Surname

First Name

Hebrew Name (phonetically)

Sex

Birthday

Occupation

Title

Business Phone

Extension

Was your mother Jewish? Yes / No

If not, did you convert to Judaism? Yes / No

Were your children converted to Judaism? Yes / No

Email address

Cell Phone #

Please Circle One: Kohen Levi Yisrael

MEMBER 2

Surname

First Name

Hebrew Name (phonetically)

Sex

Birthday

Occupation

Title

Business Phone

Extension

Was your mother Jewish? Yes / No

If not, did you convert to Judaism? Yes / No

Were your children converted to Judaism? Yes / No

Email address

Cell Phone #

Please Circle One: Kohen Levi Yisrael

FAMILY INFORMATION

Address

City

State

Zip

Address (line 2)

Home Phone

Family Email

Marital Status (please check one):

- ☐ Married (Anniversary Date _____)
- ☐ Separated
- ☐ Divorced
- ☐ Widowed

SINGLE CHILDREN**CHILD #1**

Last Name (if different)

First Name

Date of Birth

Hebrew Name

School

Grade**CHILD #2**

Last Name (if different)

First Name

Date of Birth

Hebrew Name

School

Grade**CHILD #3**

Last Name (if different)

First Name

Date of Birth

Hebrew Name

School

Grade**CHILD #4**

Last Name (if different)

First Name

Date of Birth

Hebrew Name

School

Grade**MARRIED CHILDREN****CHILD #1**

Last Name (if different)

First Name

Spouse's First Name

Spouse's Last Name

Grandchildren's Names

CHILD #2

Last Name (if different)

First Name

Spouse's First Name

Spouse's Last Name

Grandchildren's Names

CHILD #2

Last Name (if different)

First Name

Spouse's First Name

Spouse's Last Name

Grandchildren's Names

CHILD #3

Last Name (if different)

First Name

Spouse's First Name

Spouse's Last Name

Grandchildren's Names

Yahrzeit Information

Name of Deceased	Relationship	Date of Death (English or Hebrew if available)
Name of Deceased	Relationship	Date of Death (English or Hebrew if available)
Name of Deceased	Relationship	Date of Death (English or Hebrew if available)
Name of Deceased	Relationship	Date of Death (English or Hebrew if available)

Participation Information

Are you comfortable leading a service? If so which one(s)? _____

Are you able to chant a *Haftarah*? Yes / No

Are you able to chant from the *Torah*? Yes / No

If no, would you like to learn? Yes / No

If no, would you like to learn? Yes / No

Please check those activities and committees you would be interested in participating in:

- | | |
|---|---|
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Membership/Outreach |
| <input type="checkbox"/> Board of Education | <input type="checkbox"/> Purim Carnival |
| <input type="checkbox"/> Brotherhood | <input type="checkbox"/> Purim Shpiel |
| <input type="checkbox"/> Budget and Finance | <input type="checkbox"/> Ritual Committee |
| <input type="checkbox"/> Choir | <input type="checkbox"/> Sisterhood |
| <input type="checkbox"/> Communications/Marketing | <input type="checkbox"/> Social Action |
| <input type="checkbox"/> Family Education | <input type="checkbox"/> Social Events |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Strategic Planning |
| <input type="checkbox"/> House | <input type="checkbox"/> Youth Activities/SAUSY |
| <input type="checkbox"/> Library | |

What other programs or activities are you interested in?

Please list any hobbies or special talents that you or your family members enjoy (book clubs, singing, sports, etc).

Would you join a group that was geared for the specific interest that you listed above? Yes / No

Would you like to be contacted by other members with similar interests? Yes / No

Please tell us of any skills/talents which you could share to enhance life at the Temple (music, art, dance, website management, carpentry, etc.)

ADDITIONAL INFORMATION

How did you hear about B'nai Tikvah, South Area Jewish Congregation?

So that we may better serve your needs, please tell us the reason(s) that you joined and what you hope to gain from your experience at B'nai Tikvah.

Please use the space below to tell us any other information you feel is important.

Signature

Date



South Area Jewish Congregation
1301 Washington Street
Canton, MA 02021
781-828-5250

Or, better yet, bring it in yourself and say, "Shalom!"