



Congregational Engagement Information

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Return to Alexis Kort, Director of Community Engagement | alexis@templebetham.org

Adult 1

Name: _____

Last

First

Middle

Jewish Other _____

If Jewish, in which tradition were you raised? Reform Conservative Orthodox Secular Jewish

If not, what tradition (if any) were you raised in? _____

Birthday: ____/____/____ Hebrew Name: _____

E-mail: _____ Cell Phone: _____

Profession: _____ Work Phone: _____

Company: _____

Skills/Passions (ie Torah reading, gardening, etc): _____

Adult 2

Name: _____

Last

First

Middle

Jewish Other _____

If Jewish, in which tradition were you raised? Reform Conservative Orthodox Secular Jewish

If not, what tradition (if any) were you raised in? _____

Birthday: ____/____/____ Hebrew Name: _____

E-mail: _____ Cell Phone: _____

Profession: _____ Work Phone: _____

Company: _____

Skills/Passions (ie Torah reading, gardening, etc): _____

Home

Address: _____

Number & Street

City

State

Zip Code

Anniversary: ____/____/____ Home Phone: _____

Children under 25 years old in your household

Name	Gender	Birthdate	School	Grade
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Children over 25 years old

Name	Gender	Birthdate
_____	_____	_____
_____	_____	_____
_____	_____	_____

(over)

How did you hear about us? Website Facebook Internet Search Ad
 Friend/Relative/Member: _____ Other: _____

Relatives/Friends Affiliated with Temple Beth Am

Name: _____ Relationship: _____
Name: _____ Relationship: _____
Name: _____ Relationship: _____

Yahrzeits

Please list names and dates of loved ones for whom you wish notices sent. Names read at Kaddish commemorating a Yahrzeit (the anniversary of one’s passing) shall follow Jewish traditions and include the following relationships: parents, children, spouses/domestic partners, siblings and (only if requested) grandparents of adult members. For recent losses, names read during the period of shloshim and yizkor shall not be limited as above and are open to members’ requests.

Name of Member	Name of Deceased	Relationship	Date of Death Mon/Day/Year	Hebrew or English
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Other Affiliations

Prior congregational affiliation: _____
Other Jewish organization affiliations: _____

Is there anything you’d like TBA to know about you or your family? _____

Congregational Involvement

There are many opportunities for congregants to become involved at Temple Beth Am. We rely on the participation of our members to keep our synagogue an effective, vibrant, and welcoming community. We are happy to help you find the place or places within our temple family that will bring you the most satisfaction and the greatest connection with other members and with your Judaism. Options range from helping in the office to volunteering in the Religious School to being a greeter at Shabbat worship; from participating in Mitzvah Day to involvement in a temple committee or team.

Welcome!

I/We understand that as member(s) of Temple Beth Am there are financial commitments which will need to be arranged before approval of our membership.

Signature: _____ Signature: _____ Date: _____