

Rockdale Temple

FOR OFFICE USE ONLY

OFFICIAL MEMBER RECORD

Date Entered: _____
 Entered by: _____

	Adult 1	Adult 2
FULL NAME FIRST MIDDLE LAST		
PREFERRED NAME (Ex. Bill, Deb)		
HEBREW NAME		
TITLE (Ex. Dr., Rabbi, Ms.)		
HOME ADDRESS <input type="checkbox"/> Primary Address	Address: _____ City: _____ State/Zip: _____	Address: _____ City: _____ State/Zip: _____
HOME PHONE <input type="checkbox"/> Do not list in directory	(____) _____	(____) _____
MOBILE NUMBER	(____) _____	(____) _____
PREFERRED EMAIL <input type="checkbox"/> Do not list in directory		
CURRENT RELATIONSHIP STATUS	<input type="radio"/> Married <input type="radio"/> Single <input type="radio"/> Domestic Partners <input type="radio"/> Widowed <input type="radio"/> Separated <input type="radio"/> Widow	<input type="radio"/> Married <input type="radio"/> Single <input type="radio"/> Domestic Partners <input type="radio"/> Widowed <input type="radio"/> Separated <input type="radio"/> Widow
	If widow(ed), Spouses's name: _____	If widow(ed), Spouses's name: _____
	D.O.D. _____	D.O.D. _____
OCCUPATION	Employer: _____ Title: _____ Phone: _____ Email: _____	Employer: _____ Title: _____ Phone: _____ Email: _____
DATE OF BIRTH	____/____/____	____/____/____
PLACE OF BIRTH	City: _____ State: _____ Country: _____	City: _____ State: _____ Country: _____

	Adult 1	Adult 2
PARTIAL YEAR ADDRESS	From ___/___/___ To ___/___/___ Address: _____ State: _____ Zip: _____	From ___/___/___ To ___/___/___ Address: _____ State: _____ Zip: _____
EDUCATION Check the highest level that applies	<input type="radio"/> High School <input type="radio"/> College Degree: _____ <input type="radio"/> Graduate School Degree: _____ <input type="radio"/> Other _____	<input type="radio"/> High School <input type="radio"/> College Degree: _____ <input type="radio"/> Graduate School Degree: _____ <input type="radio"/> Other _____
DO YOU HAVE PHYSICAL LIMITATIONS OF WHICH WE SHOULD BE AWARE?	<input type="radio"/> Mobility <input type="radio"/> Vision <input type="radio"/> Hearing <input type="radio"/> Other _____	<input type="radio"/> Mobility <input type="radio"/> Vision <input type="radio"/> Hearing <input type="radio"/> Other _____
NAME OF PREVIOUS CONGREGATION	Name: _____ City: _____ State: _____	Name: _____ City: _____ State: _____
RELIGIOUS TRADITION IN WHICH YOU WERE RAISED		
DID YOUR JEWISH EDUCATION INCLUDE?	<input type="radio"/> Bar/Bat Mitzvah <input type="radio"/> Confirmation	<input type="radio"/> Bar/Bat Mitzvah <input type="radio"/> Confirmation
IF NOT RAISED IN THE JEWISH TRADITION, ARE YOU?	<input type="radio"/> Jewish through Conversion <input type="radio"/> Non-Jewish	<input type="radio"/> Jewish through Conversion <input type="radio"/> Non-Jewish
PARENTS' NAMES	Father: _____ <input type="radio"/> Living <input type="radio"/> Deceased: If so, Date of Death: ___/___/___ Mother: _____ <input type="radio"/> Living <input type="radio"/> Deceased: If so, Date of Death: ___/___/___	Father: _____ <input type="radio"/> Living <input type="radio"/> Deceased: If so, Date of Death: ___/___/___ Mother: _____ <input type="radio"/> Living <input type="radio"/> Deceased: If so, Date of Death: ___/___/___

	Child 1	Child 2	Child 3
NAME			
PREFERRED NAME			
HEBREW NAME			
GENDER	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Non-binary/Trans	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Non-binary/Trans	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Non-binary/Trans
DATE OF BIRTH	___/___/___	___/___/___	___/___/___
INTEREST IN YOUTH GROUP	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
RELIGIOUS SCHOOL	<input type="radio"/> Will Attend <input type="radio"/> Now Attending <input type="radio"/> Has Attended	<input type="radio"/> Will Attend <input type="radio"/> Now Attending <input type="radio"/> Has Attended	<input type="radio"/> Will Attend <input type="radio"/> Now Attending <input type="radio"/> Has Attended
HAS OR WILL BE BAR/BAT MITZVAH	<input type="radio"/> Yes <input type="radio"/> No Date: ___/___/___	<input type="radio"/> Yes <input type="radio"/> No Date: ___/___/___	<input type="radio"/> Yes <input type="radio"/> No Date: ___/___/___
COLLEGE STUDENT	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
IF YES, GRADUATION DATE	Date: ___/___/___	Date: ___/___/___	Date: ___/___/___
EMAIL			
MAILING ADDRESS if not living at home			
POST HIGH SCHOOL LIVING AT HOME	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

OTHER ADULTS LIVING AT HOME	NAME _____	NAME _____
	RELATIONSHIP _____	RELATIONSHIP _____
OTHER ROCKDALE MEMBERS IN YOUR IMMEDIATE FAMILY WHO ARE NOT LIVING WITH YOU (PARENTS, SIBLINGS, CHILDREN)	NAME _____	NAME _____
	RELATIONSHIP _____	RELATIONSHIP _____
	NAME _____	NAME _____
	RELATIONSHIP _____	RELATIONSHIP _____

THANK YOU FOR COMPLETING THIS INFORMATION REQUEST

Please let us know the names of people you know who might be interested in learning more about Rockdale

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____