



TEMPLE EMETH MEMBERSHIP APPLICATION

1666 Windsor Road

Teaneck, New Jersey

Phone: 201 833 1322 Fax: 201 833 4831 Email: info@emeth.org

Application date _____

Welcome to Temple Emeth. We are delighted you have chosen to become part of our community. We hope that you will find membership an enriching experience and encourage you to explore the diverse opportunities for Jewish expression that Temple Emeth offers. Please call upon our clergy, staff, and lay leaders whenever we can assist you in becoming part of our Emeth family. All information in this application will be treated confidentially. Please call our office at 201 833-1322 if you have any questions at all or need assistance in filling out this application.

Personal Information

	ADULT APPLICANT 1 <input type="checkbox"/> Male <input type="checkbox"/> Female	ADULT APPLICANT 2 <input type="checkbox"/> Male <input type="checkbox"/> Female
Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other _____	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other _____
Full Name		
By what first name do you wish to be addressed (if different from above)?		
Personal Status	<input type="checkbox"/> Single <input type="checkbox"/> Married _____(date) <input type="checkbox"/> Other _____	<input type="checkbox"/> Partnered <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Hebrew Name (if known)		
Date of Birth		
Birthplace		
Former city and state of residence		
Special Accommodations needed	<input type="checkbox"/> Visual impairment (large print prayer book) <input type="checkbox"/> Auditory impairment (assisted hearing devices) <input type="checkbox"/> Physically challenged <input type="checkbox"/> Other _____	<input type="checkbox"/> Visual impairment (large print prayer book) <input type="checkbox"/> Auditory impairment (assisted hearing devices) <input type="checkbox"/> Physically challenged <input type="checkbox"/> Other _____
Community Affiliations		

Contact Information

How would you like your name(s) to appear on Temple mailings? We will do our best to accommodate your request within system capabilities.

Name(s): _____

Home address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Cell Phone 1: _____ Cell Phone 2: _____

Email 1: _____ Email 2: _____

I would like to opt out of temple communications via email. I would like to opt out of temple communications via email.

Religious Background

	Adult Applicant 1	Adult Applicant 2
Religious background in which you were raised	<input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Other _____ <input type="checkbox"/> Jewish unaffiliated	<input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Other _____ <input type="checkbox"/> Jewish unaffiliated
If you became Jewish as an adult		
Date, Congregation, City		
Bar/Bat Mitzvah (if applicable)		
Date, Congregation, City		
Confirmation (if applicable)		
Date, Congregation, City		
Congregation most recently or currently affiliated with		
Please list any relatives who are Temple Emeth members		

Business Information

	Adult Applicant 1	Adult Applicant 2
Occupation/Title		
Area of specialization		
Employer		
Address		
City, State, Zip		
Business Phone		
Business Fax		
Business Email		

Yahrzeit Information

Name	Date of death Before/After sundown Observed on English or Hebrew Date?	Family Relationship

Please attach a separate sheet for additional names.

Children's Information

	Child 1 <input type="checkbox"/> Male <input type="checkbox"/> Female	Child 2 <input type="checkbox"/> Male <input type="checkbox"/> Female	Child 3 <input type="checkbox"/> Male <input type="checkbox"/> Female	Child 4 <input type="checkbox"/> Male <input type="checkbox"/> Female
First and middle name				
Last name (if different)				
Hebrew name				
Birth date (and grade if applicable)				
Address (if not living with you)				
Email Address				
Cell Phone Number				
Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partnered	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partnered	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partnered	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partnered
Is this child being raised in the Jewish faith?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will this child be attending Religious School at Temple Emeth?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bar/Bat Mitzvah: Date, Congregation, City				
Confirmation: Date, Congregation, City				
If previously attended Religious School, list Congregation and City				

If you have more than four children, please attach an additional page.

Emergency Contact Information (for minor children)

Adult Name: _____

Phone: _____ Relationship: _____

Dr. Name & Phone: _____

Health insurance company _____ Policy # _____

Opportunity for Participation

At Temple Emeth, we believe that joining a congregation ought to offer a wide variety of social, spiritual, educational and social action opportunities. We encourage all congregants to become involved in all aspects of life in our congregational community. In furthering this ideal, we request that upon signing this application you commit to participate in congregational life. Please indicate which of these areas interest you by checking the appropriate box or boxes. Your participation will help strengthen the community and will make your temple experience more meaningful. You will be contacted by a congregation member with more information.

- | | | |
|---|---|--|
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Holiday Celebrations and/or Decoration | <input checked="" type="checkbox"/> B'yachad |
| <input type="checkbox"/> Budget and Finance | <input type="checkbox"/> Assisting with Office Work | <input type="checkbox"/> Informal Youth Program |
| <input type="checkbox"/> Social Action & Mitzvah Projects | <input type="checkbox"/> Religious School Activities & projects | <input type="checkbox"/> Library |
| <input type="checkbox"/> Communications & Publicity | <input type="checkbox"/> Visiting the Sick and Bereaved | <input type="checkbox"/> Bulletin Writing, Editing |
| <input type="checkbox"/> Maintenance & Building Repair | <input type="checkbox"/> Rosh Chodesh Women's Discussions | <input type="checkbox"/> Fund Raising |
| <input type="checkbox"/> Viewpoints | <input type="checkbox"/> Bazaar | <input type="checkbox"/> Music – Choir or Band |

Talent and Interest Survey

What are your passions? What are your interests?

Adult 1

Adult 2

Applicant 1: I, _____, am applying to become a member of Temple Emeth.

Signature _____ Date _____

Applicant 2: I, _____, am applying to become a member of Temple Emeth.

Signature _____ Date _____