

Temple Shalom Membership
(Personal & Confidential)



Family Name 1: _____ First Name 1: _____

Hebrew Name: _____

Birthday: _____

Family Name 2: _____ First Name 2: _____

Hebrew Name: _____

Birthday: _____

Dependent children's names: Hebrew name plus birth dates

Name: _____ Birthday: _____

Name: _____ Birthday: _____

Name: _____ Birthday: _____

Name: _____ Birthday: _____

Bar/Bat Mitzvah dates (child's name/date): _____

Yahrzeits: Name, Hebrew Name, relationship, date of death plus AM or PM

Current Mailing Address:

Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____

Home Phone: _____ Cell Phone: _____

Work Number: (if you can receive calls) _____

Emergency Contact: _____

Interests/Potential committee involvements at the Temple
