



# TEMPLE BETH DAVID

Welcome! We are pleased that you are interested in becoming a member of Temple Beth David- a warm and dynamic Reform Synagogue of over 200 families that serves the Route 109 corridor and surrounding areas. Completing our Membership Form will help us get to know you and your family and help to further your involvement in the synagogue.

We ask that each member support our community financially to the best of their ability so that we may remain a healthy, vibrant community. Please know that we will not turn anyone away due to inability to pay full dues.

To discuss our dues and fee schedule and your financial support of our congregation, please contact Temple President Paul Greenberg at [president@templebethdavid.net](mailto:president@templebethdavid.net). All financial requests to the President will be kept confidential. We depend on our members' support.

Date of Application \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## **GENERAL INFORMATION**

Home Address: \_\_\_\_\_  
Street City, State ZIP

Home Phone: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Domestic Partner

## **MEMBER A**

## **MEMBER B (if applicable)**

\_\_\_ Mr. Mrs. Ms. Dr. Other \_\_\_\_\_

\_\_\_ Mr. Mrs. Ms. Dr. Other \_\_\_\_\_

Last Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Gender: \_\_\_\_\_

Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Name Tag should read: \_\_\_\_\_

Name Tag should read \_\_\_\_\_

Hebrew Name (if any): \_\_\_\_\_

Hebrew Name (if any): \_\_\_\_\_

(Please transliterate! Please include your parents' Hebrew names if they have them.  
Example: Yitzchak ben Avraham v' Sarah)

***CHILDREN (if applicable)***

*At Temple Beth David, membership includes your dependent children up to and including age 25 who reside at home or at school in another community.*

Name				
Hebrew Name				
Gender				
Birthdate				
Email address (if applicable)				
Cell Phone (if applicable)				
Grade in School				
Name of School				

***SPECIAL CONSIDERATIONS***

Does anyone in your family have special needs of which we should be aware?

If so, who? \_\_\_\_\_

Vision   Hearing   Mobility   Other: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***EMERGENCY CONTACT***

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

***CONNECTIONS***

How did you learn about Temple Beth David?

\_\_\_\_\_  
\_\_\_\_\_

Do you have any relatives or close friends who are current members of Temple Beth David? If yes, please list name(s) and relationship(s):

\_\_\_\_\_  
\_\_\_\_\_