



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. 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):



TEMPLE BETH DAVID

Photo/Video Release

Please check below:

_____ I hereby authorize Temple Beth David to photograph or videotape me, and to use my likeness in any of its publications or media, including on-line media, unless otherwise notified in writing by me. I also hereby release Temple Beth David from any liability that may arise out of the use of my likeness.

_____ I hereby authorize Temple Beth David to photograph or videotape my children, identified below, and to use their likeness in any of its publications or media, including on-line media, unless otherwise notified in writing by me. I also hereby release Temple Beth David from any liability that may arise out of the use of their likeness.

Name(s) of child(ren) _____

Signed _____ Date: _____

Signed _____ Date: _____

Please have all adults in the household sign this form. Thank you!