

# Your Membership Information

**55 N. Church Lane, Broomall, PA 19008**



Date: \_\_\_\_\_

Please provide us with all relevant information for our records and to best meet your needs. Our Member Directory makes it easier to communicate amongst the congregation.

**Check here if you DO NOT want your name/address/email listed in our Temple Member Directory:**   
We look forward to getting to know you.

**Adult A:**  Mr.     Mrs.     Ms.     Dr.     Other: \_\_\_\_\_

First Name	MI	Last Name	Hebrew Name (if applicable)	
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Street Address	Apt. #	City	State	Zip
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Occupation	Date of Birth/Anniversary (MM/DD/YY)	Cell Number	Email
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**Adult B:**  Mr.     Mrs.     Ms.     Dr.     Other: \_\_\_\_\_

First Name	MI	Last Name	Hebrew Name (if applicable)	
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Street Address	Apt. #	City	State	Zip
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Occupation	Date of Birth/Anniversary (MM/DD/YY)	Cell Number	Email
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**Children:**

1. \_\_\_\_\_

First Name	Last Name (if different)	Date of Birth (MM/DD/YY)	School	Grade
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2. \_\_\_\_\_

First Name	Last Name (if different)	Date of Birth (MM/DD/YY)	School	Grade
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3. \_\_\_\_\_

First Name	Last Name (if different)	Date of Birth (MM/DD/YY)	School	Grade
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4. \_\_\_\_\_

First Name	Last Name (if different)	Date of Birth (MM/DD/YY)	School	Grade
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5. \_\_\_\_\_

First Name	Last Name (if different)	Date of Birth (MM/DD/YY)	School	Grade
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**Others living with me/us are:**

1. \_\_\_\_\_

Name	Age	Married?	Relationship to you
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2. \_\_\_\_\_

Name	Age	Married?	Relationship to you
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3. \_\_\_\_\_

Name	Age	Married?	Relationship to you
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**Special needs:**

Temple Sholom strives to be as inclusive as possible and provides a number of accommodations for people who have special needs. We will do our best to accommodate your family members' special needs. Please let us know how we may better serve you (i.e. hearing impaired, mobility challenges, wheelchair, etc.). You may contact Regina Levin, [inclusion@temple-sholom.org](mailto:inclusion@temple-sholom.org), or our Executive Director, [director@temple-sholom.org](mailto:director@temple-sholom.org). Please state special needs here:

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**Interests:**

Please mark if you are interested in assisting the following committees (Member A mark A; Member B mark B):

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Building & Grounds | <input type="checkbox"/> Health/Blood Drive | <input type="checkbox"/> Publicity     | <input type="checkbox"/> Mitzvah Groups    |
| <input type="checkbox"/> Fundraising        | <input type="checkbox"/> Budget & Finance   | <input type="checkbox"/> Membership    | <input type="checkbox"/> School Committee  |
| <input type="checkbox"/> Adult Education    | <input type="checkbox"/> Ritual Practices   | <input type="checkbox"/> Social Action | <input type="checkbox"/> Legal Committee   |
| <input type="checkbox"/> Hospice/Healing    | <input type="checkbox"/> Library            | <input type="checkbox"/> Technology    | <input type="checkbox"/> Homeless/Tzedakah |

Please mark if you are interested in joining any of the following auxiliary groups (Member A mark A; Member B mark B):

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Brotherhood                  | <input type="checkbox"/> Sisterhood      | <input type="checkbox"/> Hilltoppers             |
| <input type="checkbox"/> Youth Groups                 | <input type="checkbox"/> Adult Education | <input type="checkbox"/> Social Action Programs  |
| <input type="checkbox"/> School (Preschool/Religious) | <input type="checkbox"/> Choirs          | <input type="checkbox"/> Interfaith Family Group |

Please indicate any talents or skills you may want to share with us (i.e. photography, music, etc.):

Adult A: \_\_\_\_\_

Adult B: \_\_\_\_\_

Children: \_\_\_\_\_

**Yahrzeits**

List the anniversaries, including month, day, and year, of death of relatives, friends, or loved ones. Use a separate page if necessary. Mark "A" under *Observer* for Yahrzeits of Adult A or mark "B" fir Yahrzeits of Adult B.

Observer	Relationship	Name of Deceased	Date of Death (MM/DD/YY)		Which Date?
			English Date	Hebrew Date	
_____	_____	_____	_____	_____	English or Hebrew
_____	_____	_____	_____	_____	English or Hebrew
_____	_____	_____	_____	_____	English or Hebrew
_____	_____	_____	_____	_____	English or Hebrew

How did you hear about Temple Sholom? \_\_\_\_\_

Please let us know what is most important to you about being a part of a Temple community:

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What can we do for you that will help make your Temple membership enriching and fulfilling?

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Any other comments: \_\_\_\_\_