

Organizational Involvement (Jewish/Secular):

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Temple Solel would love to learn about its members. Please describe your professional experience, personal talents, interests and skills:

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Temple Solel is an inclusive community striving to meet the needs of all its members. Please share any special needs your family may have, and what we may be able to do to accommodate them:

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Please share with us how Temple Solel can be a meaningful community to you and your family:

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Additional Information you would like to share that is not captured by the questions above:

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**Photo Release**

- I do give permission for my family or family member's photo to be used for press releases or other promotional literature.
- I do not give permission for my family or family member's photo to be used for press releases or other promotional literature.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**For office use only:**

Membership Type \_\_\_\_\_  
 Join Date \_\_\_\_\_

# "BARUCH HA BA" - WELCOME TO TEMPLE SOLEL!

We invite you to complete this membership information form so that we may enhance and facilitate your full participation in the life of the Temple Solel community. The information you share with us remains completely confidential and helps us to establish an accurate profile of our membership. Our goal is to serve your needs more effectively. Thank you for your cooperation!



**Personal Information**

	Member A	Member B
First & Middle <i>(nickname in parenthesis)</i>		
Last Name		
Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Other _____	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Other _____
Hebrew Name		
Date of Birth/Age	/ /   Age:	/ /   Age:
Personal Status	<input type="checkbox"/> Single <input type="checkbox"/> Partnered <input type="checkbox"/> Married <i>(date)</i> _____	<input type="checkbox"/> Engaged <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced
Employer		
Profession		

**Contact Information**

	Member A	Member B
Email		
Mobile Phone		
Business Phone		
Home Phone		
Preferred Method of Contact <i>(check all that apply)</i>	<input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Email	<input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Email
Home Address		
City	State	Zip Code

### Family 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 & Middle Name				
Last Name <i>(if different)</i>				
Hebrew Name <i>(if known)</i>				
Date of Birth				
Does this child live at home?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Part-time	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Part-time	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Part-time	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Part-time
Email				
Mobile Phone				
Is this child growing up 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
Current School & Grade				
College/University <i>(if applicable)</i>				

\* If more than four children, please include an "Additional Family Information" section.

### Religious Background

	Member A	Member B
Religious tradition in which you were raised	<input type="checkbox"/> Reform <input type="checkbox"/> Orthodox <input type="checkbox"/> Conservative <input type="checkbox"/> Reconstructionist <input type="checkbox"/> Secular, non-practicing <input type="checkbox"/> None	<input type="checkbox"/> Reform <input type="checkbox"/> Orthodox <input type="checkbox"/> Conservative <input type="checkbox"/> Reconstructionist <input type="checkbox"/> Secular, non-practicing <input type="checkbox"/> None
If not raised in a Jewish tradition, are you	<input type="checkbox"/> Jewish by choice Date of conversion _____ <input type="checkbox"/> Other Denomination _____	<input type="checkbox"/> Jewish by choice Date of conversion _____ <input type="checkbox"/> Other Denomination _____
Did you become a Bar/Bat Mitzvah?	<input type="checkbox"/> Yes Date _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes Date _____ <input type="checkbox"/> No
Do you read Hebrew?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you speak Hebrew?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you chant Torah?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Family Emergency Contact *(not living in your household)*

Name	Phone	Relationship

### Yahrzeit Information - *The yearly anniversary of a loved one's death*

You are encouraged to let us know the name(s) and yahrzeit date of your loved ones so we can honor their memory by announcing their name during the Shabbat service closest to the anniversary of their death. Email notification will be sent to you about six-weeks prior to the yahrzeit. Please call the temple office if you have a question or special request.

Name of Mourner				
Name of Deceased				
Relationship to Mourner				
Gender				
<input type="checkbox"/> English Date Preference				
<input type="checkbox"/> Hebrew Date Preference				

\* If more than four Yahrzeits, please include additional names.

### Additional Information:

How did you discover Temple Solel?

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Are there additional adult family members in your household that will be part of your membership? If yes, please name.

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Are you interested in learning more about (check all that apply):

- Early Childhood Center
- Religious & Hebrew School
- Bar/Bat Mitzvah Program
  - Youth  Adult
- Post B'nai Mitzvah 8<sup>th</sup>-9<sup>th</sup> Grade Teen Journey
- Confirmation/Israel Trip – 10<sup>th</sup> Grade
- Hartman Leadership Program – 11<sup>th</sup> & 12<sup>th</sup> Grade