



50 Pamela Road, Framingham, MA 01701 • 508.877.2540 • www.beth-sholom.org

Welcome to Temple Beth Sholom!

Shalom,

We at Temple Beth Sholom of Framingham are pleased that you have expressed an interest to become part of our family. In order to process the application promptly, please answer all the questions in full, and return form to the synagogue office. A representative will be more than happy to meet with you to discuss any questions or concerns, as well as fully acquaint you with our goals, facilities, schools, and all other opportunities Temple Beth Sholom has to offer.

Temple Beth Sholom Membership Committee

Temple Beth Sholom is an egalitarian Conservative Synagogue committed to the standards of Jewish law. As such, we welcome any Jew, either a Jew by birth or a Jew by choice, to join our congregation.

Membership Application

I/We hereby apply for membership in the congregation of Temple Beth Sholom.
If accepted, I/We will abide by all its rules and regulations and shall support its religious, educational, and cultural activities.

Name: *Printed* *Signed*

Name: *Printed* *Signed*

Date:

Previous Congregational Affiliation

Name of Congregation

Address

PRIVACY ACT STATEMENT: Temple Beth Sholom maintains a membership file to enable the synagogue to effectively manage traditional Jewish aspects of family events, and to solicit, on occasion, the expertise of members. This information is kept confidential, but is made available to the Rabbi and elected officers when required. There is no requirement to furnish the information and no penalty for noncompliance. However, failure to comply may result in the inability of the synagogue to minister the appropriate traditional services in the event of a family life-cycle event.

Temple Beth Sholom Membership Application

Form for Adult Members • Please Print

Adult 1				Adult 2			
Name	Last	First	Middle Initial	Name	Last	First	Middle Initial
<input type="checkbox"/> Kohen	<input type="checkbox"/> Levi	<input type="checkbox"/> Yisrael		<input type="checkbox"/> Kohen	<input type="checkbox"/> Levi	<input type="checkbox"/> Yisrael	
Address				Address			
City		State	Zip code	City		State	Zip code
Home Phone		Cell Phone		Home Phone		Cell Phone	
Preferred Title		Preferred Name		Preferred Title		Preferred Name	
Email Address		Birthdate		Email Address		Birthdate	
Do you have any special needs of which we should be aware?				Do you have any special needs of which we should be aware?			
Wedding Date		Your Hebrew Name		Wedding Date		Your Hebrew Name	
Father's Hebrew Name		Mother's Hebrew Name		Father's Hebrew Name		Mother's Hebrew Name	
Occupation				Occupation			
Job title of your current position				Job title of your current position			
Employer's name (or "Retired")				Employer's name (or "Retired")			
Employer's Address				Employer's Address			
City		State	Zip code	City		State	Zip code

On the list below, please check those activities in which you are interested.

- | | | | |
|--------------------------------------------|-------------------------------------------|-------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Religious School | <input type="checkbox"/> Youth Activities | What additional skills or interests would you like to bring to TBS? |
| <input type="checkbox"/> Brotherhood | <input type="checkbox"/> Membership | <input type="checkbox"/> Publicity | |
| <input type="checkbox"/> Event Programming | <input type="checkbox"/> Sisterhood | | |
| <input type="checkbox"/> Caring Volunteers | <input type="checkbox"/> Social Action | | |

Yahrzeit Notifications

To be notified of loved ones yahrzeit dates, please complete the information below.

RELATIONSHIP To You	DECEASED NAME	HEBREW NAME	SECULAR DATE OF DEATH	DAY	NIGHT

Children

	Child No. 1	Child No. 2
NAME		
GENDER		
BIRTHDATE		
ANY SPECIAL NEEDS		
IF BAR/BAT MITZVAH, WHAT YEAR CELEBRATED?		
HEBREW NAME		
GRADE IN SCHOOL		
NAME OF SCHOOL		
IS CHILD ENROLLED IN HEBREW SCHOOL NOW		
IS CHILD ENROLLED IN HEBREW HIGH SCHOOL		
NAME OF COLLEGE, IF APPLICABLE		
COLLEGE ADDRESS		
	Child No. 3	Child No. 4
NAME		
GENDER		
BIRTHDATE		
ANY SPECIAL NEEDS		
IF BAR/BAT MITZVAH, WHAT YEAR CELEBRATED?		
HEBREW NAME		
GRADE IN SCHOOL		
NAME OF SCHOOL		
IS CHILD ENROLLED IN HEBREW SCHOOL NOW		
IS CHILD ENROLLED IN HEBREW HIGH SCHOOL		
NAME OF COLLEGE, IF APPLICABLE		
COLLEGE ADDRESS		