

## 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

| 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                                                                                                                                                                                             |  |  |  |  |

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 non-compliance. 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 |          |
| ☐ Kohen                                                                       | ☐ Levi     | ☐ Yisrael          |                                |                                           | ☐ Kohen                                | □ Levi                            | ☐ Yisrael                  |                |          |
| Address                                                                       |            |                    |                                |                                           | Address                                |                                   |                            |                |          |
| City                                                                          |            |                    | State                          | Zip code                                  | City                                   |                                   |                            | State          | Zip code |
| Home Pho                                                                      | ne         |                    | Cell Phone                     |                                           | Home Pho                               | ne                                |                            | 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 hav                                | ve any specia                          | l needs of wh                     | nich 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                                                                    | s Address  |                    |                                |                                           | Employer's                             | s Address                         |                            |                |          |
| City                                                                          |            |                    | State                          | Zip code                                  | City                                   |                                   |                            | State          | Zip code |
| On the list below, please check those activities in which you are interested. |            |                    |                                |                                           |                                        |                                   |                            |                |          |
| ☐ Adult Education                                                             |            | ☐ Religious School |                                |                                           |                                        | t additional sklills or interests |                            |                |          |
| ☐ BrotherI                                                                    | hood       |                    | ☐ Membership                   |                                           | would you like to bring to □ Publicity |                                   | a you like to bring to TBS | r              |          |
| ☐ Event Pr                                                                    | rogramming |                    | ☐ Sisterhood                   |                                           |                                        |                                   |                            |                |          |
| ☐ Caring V                                                                    | olunteers  |                    | ☐ Social Action                |                                           |                                        |                                   |                            |                |          |
| Yahrzeit Notifications                                                        |            |                    |                                |                                           |                                        |                                   |                            |                |          |

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

| RELATIONSHIP<br>TO YOU | DECEASED NAME | HEBREW NAME | SECULAR DATE OF<br>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                           |             |             |
|                                           | j           |             |