**MEMBERSHIP ENROLLMENT FORM**

 Mr.

 Mrs.

Please enroll Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street Address)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(City) (State) (Zip)

 \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Home Phone) (Cell Phone) (E-mail Address)

as a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_member in Temple Shalom, Synagogue-Center.

Regular

Out-Of-Town

For 2019-2020 as a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_membership.

Family

Individual

Children's names and ages:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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TEMPLE SHALOM, SYNAGOGUE-CENTER

 74 Bradman Street

 Auburn, Maine 04210

Dear Friends:

We would like to be able to share your simchas in good times and help you through the difficult ones. Would you please fill out this information sheet and return to the Temple, so that we can keep our membership files as up to date as possible. (Please disregard any questions which do not apply).

Best wishes

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE

Type of membership (circle one) Regular, Out-of-Town, Public,

Name(s) of adult in your household:

English Name Date of Birth Hebrew Name

First, Middle, Last of Birthday (Your Name) Ben/Bat

(Father's Hebrew Name & Mother's Hebrew Name)

(Are you a Cohen/Levi?)

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Wedding anniversary date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of children at home or away:

English Name School Grade Birthday Hebrew Name

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Children in college:

Name Year in College Birthday Address

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Parents, relatives, friends in Nursing Homes:

Name Nursing Home

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Major activities of your school age children:

Name Activities

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Special skills of family members:

Name Skills

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Programs and activities you would like at Temple Shalom:

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Yahrzeit (s) \*If Hebrew date is not know, give the day, month, year on common calendar from which yahrzeit can be determined.

English Name Hebrew Name Relationship Hebrew Date

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Potential new members:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special circumstances about which the rabbi should understand concerning members of your family:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please notify the rabbi when relatives or friends enter the hospital.