



Membership Information and Application

Adult 1: _____ M / F Hebrew Name: _____

Jewish? Yes / No Cohen / Levi / Israelite / Don't Know Jewish by: birth / choice

Home Address: _____ City: _____ Zip: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Birth Date: ____ / ____ / ____ email: _____ @ _____

Occupation: _____ Work Phone: (____) _____ - _____

Business Address _____ City: _____ Zip: _____

Adult 2: _____ M / F Hebrew Name: _____

Jewish? Yes / No Cohen / Levi / Israelite / Don't Know Jewish by: birth / choice

Home Address: _____ City: _____ Zip: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Birth Date: ____ / ____ / ____ email: _____ @ _____

Occupation: _____ Work Phone: (____) _____ - _____

Business Address _____ City: _____ Zip: _____

Children's Information

Name	M / F	Hebrew Name	Birth Date
_____	_____	_____	____ / ____ / ____
_____	_____	_____	____ / ____ / ____
_____	_____	_____	____ / ____ / ____

Note: TBS publishes a membership directory that is available to members only and that includes the names, addresses, phone numbers and email addresses provided in this application.

Relationship to Other Members

Name: _____ Relationship: _____

Name: _____ Relationship: _____



Yahrzeit Information

Name	Hebrew Name	Date	Relationship
_____	_____	___ / ___ / ___	_____
_____	_____	___ / ___ / ___	_____
_____	_____	___ / ___ / ___	_____
_____	_____	___ / ___ / ___	_____
_____	_____	___ / ___ / ___	_____
_____	_____	___ / ___ / ___	_____

PHYSICAL LIMITATIONS

Does any member of your household have physical limitations? If yes, which family member?
 _____ Does such limitation make it difficult or impossible for this family member to participate in
 synagogue functions? Is there something the synagogue can do to make participation more possible?

I/WE ARE INTERESTED IN LEARNING MORE ABOUT (Circle all that apply):

Adult learning	Nihum Avelim – Comforting the Bereaved
Bikur Holim – Visiting the Sick	Shabbat Hospitality
Family Education	Shabbat and Weekday Worship
General Volunteering	Sisterhood
Learn or Use Synagogue Skills	Tikun Olam – Social Action
Keruv-Outreach	Young Family Programs
Men’s Hevre	Youth

Please note that by submitting this application, you are agreeing that, as a TBS member, you will abide by all TBS rules.

Signature 1: _____ Signature 2: _____
 Date Date

Please return application to Temple Beth Shalom, 3635 Elm Avenue, Long Beach, CA 90807