

MEMBERSHIP APPLICATION

MAKING A CONNECTION - Become Part of our Family

What are your interests? (please circle all that apply) **Adult Bar/Bat Mitzvah** **Adult Education**

Caring Committee **Chaverim Club** (social group for younger singles, couples and families)

Daily Minyan **Hakol** (TI's newsletter) **Hazak** (social group for members 50 and older)

Israel Action **Israeli Dancing** **Men's Club** **Shabbat Usher** **Sisterhood** **Social Action**

Softball Team **TI Singers** **Young Family Engagement** **Other:** _____

Are you interested in being matched with a Temple member who will contact you about upcoming Temple programs and events, as well as connect you with others in the community? **Yes** **No**

What are your passions, skills, and interests? _____

What special skills or talents would you like to share with our community? (chanting Torah or Haftarah, leading a religious service AND/OR finance, fundraising, technology skills etc.)

In what area(s) of Jewish life would you like to increase your knowledge? _____

JEWISH GEOGRAPHY

Do you have any relatives or friends at Temple Israel of Natick? Please tell us their names and how you are related. _____

Present or former synagogue affiliation (if any) _____

MAKING IT OFFICIAL

Signature of Adult Applicant

Name (please print)

Date

Welcome to Temple Israel of Natick! Thank you for filling out the application.

If you have any questions, please call or email the Temple office at office@tiofnatick.org

Temple Israel of Natick Membership Application



For more information,
please contact the Temple Office
508-650-3521 x100 or office@tiofnatick.org.

MEMBERSHIP APPLICATION

Welcome! We are delighted that you have decided to join Temple Israel of Natick. We are committed to the principles and values of Conservative Judaism. Completing this application will help us get to know you, so that we may better welcome you into our community.

Adult Applicant 1

Dr. Mr. Mrs. Ms. Other: (circle one)_____

First Name _____

Middle _____ Last Name _____

Gender: _____ Date of Birth _____

Occupation: _____

Work Phone: _____

Cell Phone: _____

Relationship Status: (circle one)

Single Married Engaged Partnered
Separated Divorced Widowed Other:

Email: _____

Adult Applicant 2

Dr. Mr. Mrs. Ms. Other: (circle one)_____

First Name _____

Middle _____ Last Name _____

Gender: _____ Date of Birth _____

Occupation: _____

Work Phone: _____

Cell Phone: _____

Relationship Status: (circle one)

Single Married Engaged Partnered
Separated Divorced Widowed Other:

Email: _____

OTHER INFORMATION

Primary Street Address:_____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Wedding date and year (if applicable): _____

CHILDREN OR DEPENDENTS

	1	2	3	4
First Name:	_____	_____	_____	_____
Middle Name:	_____	_____	_____	_____
Last Name:	_____	_____	_____	_____
Hebrew Name:	_____	_____	_____	_____
Gender:	_____	_____	_____	_____
Birth Date:	_____	_____	_____	_____
Jewish Education School & Grade:	_____	_____	_____	_____
Secular School & Grade:	_____	_____	_____	_____
Bar/Bat Mitzvah Year:	_____	_____	_____	_____

If after June 1, indicate class/grade child will enter in September. Please attach an extra sheet for additional children.

MEMBERSHIP APPLICATION

Is there anything additional about your family that you would like to share with us?

Are there any special accommodations that would enhance your (or your family's) membership experience?

RELIGIOUS BACKGROUND

Adult Applicant 1 (circle below)

In what religious tradition were you raised:

Conservative Reform Reconstructionist Orthodox

Other Religion: _____

Are you an Interfaith Family? Yes No

Are you a: Kohen Levi Yisrael Unknown

Your Hebrew Name _____

Father's Hebrew Name _____

Mother's Hebrew Name _____

Tell us about your Jewish journey

(i.e., bar/bat mitzvah, wedding, conversion, etc.)

Adult Applicant 2 (circle below)

In what religious tradition were you raised:

Conservative Reform Reconstructionist Orthodox

Other Religion: _____

Are you an Interfaith Family? Yes No

Are you a: Kohen Levi Yisrael Unknown

Your Hebrew Name _____

Father's Hebrew Name _____

Mother's Hebrew Name _____

Tell us about your Jewish journey

(i.e., bar/bat mitzvah, wedding, conversion, etc.)

Yahrzeit Observance (Anniversary of a loved one's death)

Observer	Deceased First & Last Name	Relationship	Secular Date of Death (M/D/Y) <small>Indicate before or after sunset</small>