TEMPLE ISRAEL
OF NATICK

# Membership Application Form

# Membership Application

Welcome! We are delighted that you have decided to join Temple Israel of Natick. We look forward to the Temple Israel community enhancing your life, and to your contributions to the community!

**Adult Applicant 1**

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

**First Name**: _____

**Middle Name** (optional): _____

**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 (if applicable)**

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

**First Name**: _____

**Middle Name** (optional): _____

**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 (if applicable)

| | 1 | 2 | 3 | 4 |
|---|---|---|---|---|
| First Name | | | | |
| Middle Name | | | | |
| Last Name | | | | |
| Hebrew Name | | | | |
| Gender | | | | |
| Birth Date | | | | |
| Jewish Education School and Grade | | | | |
| Secular School and Grade | | | | |
| Bar/Bat Mitzvah year | | | | |

# Membership Application

**What more should we know about you or your family?**

_____

_____

**Are there any special accommodations that would enhance your 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**: _____
*if no Hebrew name, please include names in English

**Tell us about your Jewish Journey**
(background, lifecycle events, 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**: _____
*if no Hebrew name, please include names in English

**Tell us about your Jewish Journey**
(background, lifecycle events, etc.)

_____
_____
_____

## Yahrzeit Observance

(Anniversary of loved ones' passing)

| Observer<br>(you or your partner) | Deceased Name<br>(name of your loved one) | Relationship<br>(father, sister, etc.) | Secular Date of Death<br>(Please indicate if after dark) |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

# Membership Application

## Making connections:

**What are some of your passions, skills, and interests?** _____

_____

_____

_____

**What skills or talents would you like to share with our community? (finance, fundraising, technology skills, graphic design, chanting Torah or Haftarah, leading services, etc.)**

_____

_____

_____

**In what ways would you like to grow or learn Jewishly?**_____

_____

_____

**In which groups might you be interested?** (Please circle all that apply)

**Adult Bar/Bat Mitzvah** **Adult Education** **Caring Committee** **Chaverim Club** (social group for young families)
**Daily Minyan** **Hazak** (social group for members over 50) **Israel Action** **Israeli Dancing**
**Men's Club** **Shabbat Usher** **Sisterhood** **Social Action** **Softball Team** **TI Singers**
**Young Family Engagement** **Other/s**: _____

**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**

## Jewish Geography

**Do you have any relatives or friends at Temple Israel of Natick?**
**Please tell us their names and how you are related. (and/or how you found Temple Israel)**

_____

_____

**Present or former synagogue affiliation** (if any) _____

## Making it Official

_____

**Signature/s of Applicant/s** **Name/s (Please Print)** **Date**

**Welcome to Temple Israel of Natick! Thank you for filling out the application.**
**If you have any questions, please call 508-650-3521 ext, 100 or email the Temple office at office@tiofnatick.org**