

TEMPLE BETH TORAH FAMILY RECORD

We are delighted that you have joined Temple Beth Torah. To further your involvement in the life of the congregation, we ask you to complete this form. The data you share with us remains completely confidential. This information facilitates our better achieving an accurate profile of our membership and enables us to more efficiently utilize our individual collective capabilities.

Date of Membership: _____

Name: _____

Home Address: _____ Home Phone: _____

City: _____ State: _____ Zip Code: _____

Out of Town Address: _____

Telephone: _____ Cell Phone: _____ E-Mail Address: _____

CONGREGATIONAL INVOLVEMENT

The Temple Beth Torah committee structure is the basis of our organizational strength. Please check your areas of interest and you will be contacted by the appropriate Committee Chair.

	MEMBER A	MEMBER B		MEMBER A	MEMBER B
Advertising/Publicity Committee	<input type="checkbox"/>	<input type="checkbox"/>	SHALOM Newsletter Committee	<input type="checkbox"/>	<input type="checkbox"/>
Adult Choir	<input type="checkbox"/>	<input type="checkbox"/>	Security Committee	<input type="checkbox"/>	<input type="checkbox"/>
Avodah (Ritual Committee)	<input type="checkbox"/>	<input type="checkbox"/>	Sisterhood	<input type="checkbox"/>	<input type="checkbox"/>
Brotherhood	<input type="checkbox"/>	<input type="checkbox"/>	Special Events Committee	<input type="checkbox"/>	<input type="checkbox"/>
Caring Committee	<input type="checkbox"/>	<input type="checkbox"/>	Temple Office	<input type="checkbox"/>	<input type="checkbox"/>
Finance Committee	<input type="checkbox"/>	<input type="checkbox"/>	Religious School	<input type="checkbox"/>	<input type="checkbox"/>
Facility Operations Committee	<input type="checkbox"/>	<input type="checkbox"/>	▪ Substitute Teacher	<input type="checkbox"/>	<input type="checkbox"/>
Instrumental Musician	<input type="checkbox"/>	<input type="checkbox"/>	▪ Volunteer Tutor	<input type="checkbox"/>	<input type="checkbox"/>
Lifelong Learning Committee	<input type="checkbox"/>	<input type="checkbox"/>	▪ Volunteer Mentor	<input type="checkbox"/>	<input type="checkbox"/>
Membership Committee	<input type="checkbox"/>	<input type="checkbox"/>	Youth Committee	<input type="checkbox"/>	<input type="checkbox"/>
Preschool Committee	<input type="checkbox"/>	<input type="checkbox"/>	Usher Committee	<input type="checkbox"/>	<input type="checkbox"/>
▪ Substitute Teacher	<input type="checkbox"/>	<input type="checkbox"/>			

	MEMBER A	MEMBER B
Full Name		
Hebrew Name		
Birth Date		
Occupation		
Business Name		
Business Address		
Business Phone		
Other Relatives at TBT		
Mother's Full Name		
Father's Full Name		

CHILDREN

Please fill in the following information as it applies to each of your children:

Name	Birth Date	M	F
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Yahrzeit Observance

Please indicate if you would like the yahrzeits read on the English or Hebrew date:

English Hebrew

Deceased Name	Relative Of	Relationship	English Date of Death <i>(must include year & am or pm if known)</i>
	MEMBER A MEMBER B		
_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____

Cemetery Information

(I) (we) have ___not___ made arrangements at a cemetery. If you have, please give us the name and location: _____

(I) (we) have made other arrangements on the occasion of (my) (our) death. Please describe: _____

(Please include any special or specific instructions you wish the rabbi to know.)