

the temple

6453 Sylvania Ave.
Sylvania, Ohio 43560
(419) 885-3341

Office Use Only
Member # _____
Date _____

MEMBERSHIP FAMILY RECORD (please print or type)

	ADULT MALE	ADULT FEMALE
Full Name: Last, First, Middle Initial		Maiden Name:
Prefer to be called		
Title you prefer (please circle)	Mr. Dr. Other	Mrs. Ms. Dr. Other
Home Address City/State/Zip		
Phone: Home:	() Listed ____ Unlisted ____	() Listed ____ Unlisted ____
Work:	()	()
Fax:	()	()
Second Home Address, Phone Dates From _____ to _____		
How long have you been in the Toledo area?		
Current Marital Status (please circle)	M S W D	M S W D
Date of Marriage Where?	Month _____ Day _____ Year _____	
Date of Birth	Mo. ____ Day ____ Year ____	Mo. ____ Day ____ Year ____
Place of Birth	City: State: Country:	City: State: Country:
Occupation: Job Description: Employer: Address: (please circle)	- - - Full Time Part Time Retired Unemployed	- - - Full Time Part Time Retired Unemployed
Send Temple mail to:	Home _____	Business _____

	ADULT MALE	ADULT FEMALE
<p>Jewish Tradition in which you were raised . . .</p> <p>Did your Jewish education include:</p> <p>If not, are you . . .</p>	<p>Reform () Conservative () Orthodox () Bar Mitzvah () Date: Confirmation () Year: The Temple?</p> <p>Jewish by choice () Conversion by: Rabbi _____ Date: Non-Jewish () Denomination _____</p>	<p>Reform () Conservative () Orthodox () Bat Mitzvah () Date: Confirmation () Year: The Temple?</p> <p>Jewish by choice () Conversion by: Rabbi _____ Date: Non-Jewish () Denominaiton _____</p>
<p>Education (Check highest level attained)</p>	<p>High School () College () Graduate () Degree () Other _____</p>	<p>High School () College () Graduate () Degree () Other _____</p>
<p>Do you read Hebrew? If no, are you interested in learning?</p>	<p>Yes () No () Yes () No ()</p>	<p>Yes () No () Yes () No ()</p>
<p>Would you participate in services if asked?</p>	<p>Yes () No () English () Hebrew () Chant Torah () Chant Haftorah ()</p>	<p>Yes () No () English () Hebrew () Chant Torah () Chant Haftorah ()</p>
<p>Name of previous congregation: City, State:</p>	<p>- -</p>	<p>- -</p>
<p>Do you own a cemetery plot?</p>	<p>Yes () No () Where:</p>	<p>Yes () No () Where:</p>
<p>Your Hebrew Name (if you know)</p>		
<p>Parents' Names</p>	<p>Father: Living () Deceased () Hebrew Name: Mother: Living () Deceased () Hebrew Name: Members of The Temple?</p>	<p>Father: Living () Deceased () Hebrew Name: Mother: Living () Deceased () Hebrew Name: Members of The Temple?</p>
<p>Are you related to any Temple members?</p>	<p>Yes () No () Name(s):</p>	<p>Yes () No () Name(s):</p>
<p>Do you have any physical limitations of which we should be aware?</p>	<p>Vision () Hearing () Mobility () Other _____</p>	<p>Vision () Hearing () Mobility () Other _____</p>

CHILDREN'S INFORMATION
 (Please list all children.)

	CHILD 1	CHILD 2	CHILD 3	CHILD 4
Full Name Nickname (if any)				
Address				
Birthdate (M/D/Y)				
Sex				
Any physical restrictions?				
If Bar/Bat Mitzvah, what year?				
If not Bar/Bat Mitzvah, projected year?				
If confirmed, what year?				
Hebrew Name				
Name of secular school Grade				
Year child to begin in religious school				
Present grade in religious school				
Youth group member? If not, interested?				
Name of college, if applicable				
Student's college address				
Year expected to graduate college:				

	ADULT MALE	ADULT FEMALE
Other Adult(s) at home: Are there any non-Jewish members in your household?	Name: Birthdate: Relationship: Temple Member? Yes () No () Relationship:	Name: Birthdate: Relationship: Temple Member? Yes () No () Relationship:

Does any member of your family have an acute medical problem that you would like the Rabbi to be aware of?

As a matter of interest, how did you (and your family) become aware of and interested in The Temple? Is there someone we can thank for referring you to our congregation? _____

Are you (or any of your family) members of other Jewish activities in the community and/or local civic organizations and clubs? If so, which ones? _____

What offices have you held in previous Temples and/or organizations? _____

What committee(s) have you served on in the past? _____

Please let us know the names of people who might be interested in learning more about The Temple?

Name _____ Phone _____

Address _____ City _____ Zip _____

If you have any comments with respect to The Temple or any of its activities, this would be a useful place to express them.