

Temple Avodah Membership Application

Date _____

3050 Oceanside Road Oceanside, NY 11572 Tel 516-766-6809 Fax 516-766-5092

ADULT 1

Name: Mr./Mrs./Ms./Dr.		Business:	
Address:		Address:	
City, St, Zip:		City, St, Zip:	
Phone:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Phone:	Fax:
Cell Phone:	Anniversary/year	Work Email:	
Hebrew Name:	Bar/Bat Mitzvah Date:	Occupation:	
Email:	Jewish Yes <input type="checkbox"/> No <input type="checkbox"/> Spk Hebrew Yes <input type="checkbox"/> No <input type="checkbox"/>	Nature of Business:	
Interests:	Birth Date	Emergency Info Name	Phone
Prior Religious Education:	Membership Date	#1:	Relationship
		#2:	
		#3:	

Committees I would like to participate in:

Adult Education Religious Services Religious School Fund Raising Social Action Youth Activities
 PTO Men's Club Sisterhood Marketing Membership Beautification
 Building & Grounds Budget & Finance Legal Caring Communication Choir

ADULT 2

Name: Mr./Mrs./Ms./Dr.		Business:	
Address:		Address:	
City, St, Zip:		City, St, Zip:	
Phone:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Phone:	Fax:
Cell Phone:	Anniversary/year	Work Email:	
Hebrew Name:	Bar/Bat Mitzvah Date:	Occupation:	
Email:	Jewish Yes <input type="checkbox"/> No <input type="checkbox"/> Spk Hebrew Yes <input type="checkbox"/> No <input type="checkbox"/>	Nature of Business:	
Interests:	Birth Date	Emergency Info Name	Phone
Prior Religious Education:	Membership Date	#1:	Relationship
		#2:	
		#3:	

Committees I would like to participate in:

Adult Education Religious Services Religious School Fund Raising Social Action Youth Activities
 PTO Men's Club Sisterhood Marketing Membership Beautification
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YAHARZEITS

Name:	Hebrew Name:	Date	Relationship:
Name:	Hebrew Name:	Date	Relationship:
Name:	Hebrew Name:	Date	Relationship:
Name:	Hebrew Name:	Date	Relationship:
Name:	Hebrew Name:	Date	Relationship:
Name:	Hebrew Name:	Date	Relationship:

CHILD

Name:		School:	
Address:		Address:	
City, St, Zip:		City, St, Zip:	
Phone	Cell Phone	Phone:	Fax:
Birthdate:	Gender: M F	Email:	Grade:
Torah Portion:	Bar/Bat Mitzvah Date:	Emergency Info	Phone
Hebrew Name	Interests: <input type="checkbox"/> Youth Group <input type="checkbox"/> Junior Choir <input type="checkbox"/> Other (specify) _____	Name #1: #2: #3:	

CHILD

Name:		School:	
Address:		Address:	
City, St, Zip:		City, St, Zip:	
Phone	Cell Phone	Phone:	Fax:
Birthdate:	Gender: M F	Email:	Grade:
Torah Portion:	Bar/Bat Mitzvah Date:	Emergency Info	Phone
Hebrew Name	Interests: <input type="checkbox"/> Youth Group <input type="checkbox"/> Junior Choir <input type="checkbox"/> Other (specify) _____	Name #1: #2: #3:	

CHILD

Name:		School:	
Address:		Address:	
City, St, Zip:		City, St, Zip:	
Phone	Cell Phone	Phone:	Fax:
Birthdate:	Gender: M F	Email:	Grade:
Torah Portion:	Bar/Bat Mitzvah Date:	Emergency Info	Phone
Hebrew Name	Interests: <input type="checkbox"/> Youth Group <input type="checkbox"/> Junior Choir <input type="checkbox"/> Other (specify) _____	Name #1: #2: #3:	

I/We hereby accept membership in Temple Avodah, and agree to comply and be bound by the Constitution and By-Laws of the Congregation. I/We understand that this membership continues until the Congregation receives written resignation, which becomes effective at the end of the Temple's fiscal year, (June 30th), or until this membership is otherwise terminated pursuant to the Constitution and By-Laws.

 Signature of Applicant

 Date

 Signature of Co-Applicant