



Temple Shalom Emeth Membership Application



Welcome to our Temple!

Today's Date: _____

Name: _____

Spouse/Partner Name: _____

Address: _____

Home Phone: _____

Cell Phone(s): _____

Email Address(es): _____

Employer: _____

Spouse/Partner Employer: _____

Employer Address: _____

Employer Address: _____

Occupation: _____

Occupation: _____

Family Information

Date of Birth: _____

Spouse/Partner Date of Birth: _____

Religion: _____

Religion: _____

If not Jewish: *Practicing* *Non-practicing*

If not Jewish: *Practicing* *Non-practicing*

Wedding Anniversary: _____

Children

Grade in 2022-23

Name: _____ Date of Birth: _____ Age: _____ Grade: _____

Name: _____ Date of Birth: _____ Age: _____ Grade: _____

Name: _____ Date of Birth: _____ Age: _____ Grade: _____

Name: _____ Date of Birth: _____ Age: _____ Grade: _____

(continued)

Yahrzeits of Immediate Family

Name: _____ Relationship: _____ Secular/Jewish Date: _____

Name: _____ Relationship: _____ Secular/Jewish Date: _____

Name: _____ Relationship: _____ Secular/Jewish Date: _____

Name: _____ Relationship: _____ Secular/Jewish Date: _____

Reasons for choosing Temple Shalom Emeth: _____

How did you hear about the Temple: _____

Name and city of previous temple affiliation: _____

Please send your application and a \$25 deposit to:

Temple Shalom Emeth

Attn: Membership

P.O. Box 216

Burlington, MA 01803

The deposit is non-refundable and is applied to the membership fee. Thank you!

Office Use Only

Distribution: Rabbi ; Fundraising ; Religious School ; Fin Sec ; Mailing List ; President