

ADDITIONAL INFORMATION & ALTERNATE ADDRESS

	ADULT 1	ADULT 2
Alternate Address:	Address: _____ _____	City: _____ State: _____ Zip Code: _____
Alternate Address:	Address: _____ _____	City: _____ State: _____ Zip Code: _____
ALTERNATE PHONE NUMBER	_____	_____
List relatives who are TI Members	Name : _____ Relationship: _____	Name : _____ Relationship: _____
	Name : _____ Relationship: _____	Name : _____ Relationship: _____
LET'S CONNECT ON SOCIAL MEDIA Receive notifications & information for events & programs. Connect with TI Family.	Facebook: _____ Twitter: _____	Facebook: _____ Twitter: _____

CHILDREN'S INFORMATION (IF UNDER 26 YEARS OLD)

	Child 1 <input type="checkbox"/> Male <input type="checkbox"/> Female	Child 2 <input type="checkbox"/> Male <input type="checkbox"/> Female	Child 3 <input type="checkbox"/> Male <input type="checkbox"/> Female	Child 4 <input type="checkbox"/> Male <input type="checkbox"/> Female
First and Middle Name				
Last Name (If different)				
Hebrew Name (If known)				
Birth Date /Grade				
Address (If not living with you)				
Cell Phone Number				
Interested in Religious School?				
Is your child being raised in the Jewish Faith?				

EMERGENCY CONTACT INFORMATION (ADULT CONTACT OTHER THAN SPOUSE)

Adult 1
 Name: _____ Relationship: _____
 Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____

Adult 2
 Name: _____ Relationship: _____
 Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____

COMMUNITY INVOLVEMENT (RELIGIOUS & NON-RELIGIOUS AFFILIATIONS)

	ADULT 1	ADULT 2
Religious background in which you were raised		
B'nai Mitzvah - Confirmation Date/Congregation/City	<input type="checkbox"/> Bar/Bat Mitzvah <input type="checkbox"/> Confirmation	<input type="checkbox"/> Bar/Bat Mitzvah <input type="checkbox"/> Confirmation
Leadership roles at Temple Israel ?		
Active organization involvement? Name/Where/Role	Title : _____ Role: _____	Title : _____ Role: _____
Active organization involvement? Name/Where/Role	Title : _____ Role: _____	Title : _____ Role: _____
Active organization involvement? Name/Where/Role	Title : _____ Role: _____	Title : _____ Role: _____

BUSINESS INFORMATION (IF RETIRED, PLEASE STILL INDICATE FIELD OF WORK OR SPECIALTY)

	ADULT 1	ADULT 2
Occupation/Title		
Area of specialization		
Employer		
Address		
City, State, Zip		
Business Phone		
Business Fax		
Business Email		

YARZHEIT INFORMATION (Please attach separate sheet for additional names)

Name	Date of Death	Observe on English or Hebrew Date	Family Relationship Adult 1 <input type="checkbox"/> Adult 2 <input type="checkbox"/>
		(check one) <input type="checkbox"/> H <input type="checkbox"/> E	Adult 1 <input type="checkbox"/> Adult 2 <input type="checkbox"/>
		(check one) <input type="checkbox"/> H <input type="checkbox"/> E	Adult 1 <input type="checkbox"/> Adult 2 <input type="checkbox"/>
		(check one) <input type="checkbox"/> H <input type="checkbox"/> E	Adult 1 <input type="checkbox"/> Adult 2 <input type="checkbox"/>
		(check one) <input type="checkbox"/> H <input type="checkbox"/> E	Adult 1 <input type="checkbox"/> Adult 2 <input type="checkbox"/>

OPPORTUNITIES FOR PARTICIPATION - MAKING A DIFFERENCE

Here at Temple Israel, we believe that we are stronger when more of our members participate in the work of the Temple. Therefore, we ask that you lend your voice, skills and talents to any of our committees that interest you. Please indicate which of these areas appeal to you by checking the appropriate box or boxes.

- | | | |
|---|---|--|
| <input type="checkbox"/> TI Learns (Adult Learning) | <input type="checkbox"/> Holiday Celebrations | <input type="checkbox"/> Youth Activities |
| <input type="checkbox"/> Budget and Finance | <input type="checkbox"/> Assisting with Office Work | <input type="checkbox"/> Cooking/Baking |
| <input type="checkbox"/> Social Action & Mitzvah Projects | <input type="checkbox"/> Religious School Activities & Projects | <input type="checkbox"/> Koleynu/ Newsletter |
| <input type="checkbox"/> Marketing/Media/PR | <input type="checkbox"/> Leadership Development/TI Board | <input type="checkbox"/> Fund Raising |
| <input type="checkbox"/> Art / Beautification Committee | <input type="checkbox"/> Sisterhood/Brotherhood | <input type="checkbox"/> Technology Committee |
| <input type="checkbox"/> Choir | <input type="checkbox"/> Chesed - Caring Committee | <input type="checkbox"/> Greeting Corps |
| <input type="checkbox"/> Judaica Gift Shop | <input type="checkbox"/> Membership Committee | <input type="checkbox"/> Shabbat Prep Committee |
| <input type="checkbox"/> Teaching/Tutoring | <input type="checkbox"/> Music - Instrument played: _____ | <input type="checkbox"/> Torah Reading |
| <input type="checkbox"/> Religious Practices | <input type="checkbox"/> Handyman Skills | <input type="checkbox"/> Graphic Design |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> B'nai Mitzvah | <input type="checkbox"/> Campus Security Committee |

What are your passions? What are your interests?

Mentoring Program: Are you interested in being a mentor to a new TI Family? Check one.

- YES NO Don't Know, Contact Me

My contact information may be included in the Annual Journal and Membership Directory EXCEPT the following:

- ADULT 1**
- Home Address Home Phone Number Cell Number Business Number Alternate Address
- E-Mail Address Children's Names Other: _____

- ADULT 2**
- Home Address Home Phone Number Cell Number Business Number Alternate Address
- E-Mail Address Children's Names Other: _____

PHOTO AND VIDEO CONSENT

I/We authorize Temple Israel to take my/our picture and use it in agreement with the statements below to promote Temple Israel to West Palm Beach:

- | | | |
|--|---|--|
| <input type="checkbox"/> Print Media | <input type="checkbox"/> Temple Israel's Koleynu | <input type="checkbox"/> Television/Broadcasting |
| <input type="checkbox"/> Social Media/Facebook etc. | <input type="checkbox"/> TI's promotional materials | <input type="checkbox"/> TI's Website |
| <input type="checkbox"/> Do not use my/our photo/video | | |

Signature _____ Date _____

Signature _____ Date _____

POTENTIAL NEW MEMBERS ONLY

I/We, _____, want to become a member(s) of Temple Israel and

I/we am/are willing to make a personal and financial commitment to the support and continuation of this community.

Signature: _____ Date: _____

Signature: _____ Date: _____



MEMBER DATABASE FORM

1901 N. Flagler Drive
West Palm Beach, Florida 33407

FOR OFFICE USE ONLY
Date rec'd _____
Date others notified _____
Date entered in system _____
Is Membership a 'Religious School Membership' _____

We ask that you take a few moments to complete this form in its entirety, as having the most up-to-date information will allow us to better serve you. **Items identified by an * must be provided.** You may indicate whether or not you wish for certain items to be kept confidential. We are here for you, so please, if you have any questions or need assistance, call our office at **(561) 833-8421**.

PERSONAL INFORMATION		
ADULT 1 * <input type="checkbox"/> Male <input type="checkbox"/> Female	Title	Full Name
Hebrew Name		
By what first name do you wish to be addressed?		
Date of Birth*	Month/Day/Year*	Birthplace:
Home Address *		
Address: _____		
City: _____ State: _____ Zip: _____		
Phone: * (Circle preferred number)		
Home _____ Cell: _____ Business: _____		
Email: *		
Email: _____		
Former City/State of residence		
Personal Status*		
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partnered <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Wedding Anniversary		
Special Accommodations needed		
<input type="checkbox"/> Visual <input type="checkbox"/> Auditory <input type="checkbox"/> Physical <input type="checkbox"/> Other		
ADULT 2 *	Title	Full Name
Hebrew Name		
By what first name do you wish to be addressed?		
Date of Birth*	Month/Day/Year*	Birthplace:
Home Address *		
Address: _____		
City: _____ State: _____ Zip: _____		
Phone: * (Circle preferred number)		
Home _____ Cell: _____ Business: _____		
Email: *		
Email: _____		
Former City/State of residence		
Personal Status*		
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partnered <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Special Accommodations needed		
<input type="checkbox"/> Visual <input type="checkbox"/> Auditory <input type="checkbox"/> Physical <input type="checkbox"/> Other		