

DATE: _____

TEMPLE JUDEA

Membership Application

The undersigned makes application for membership in Temple Judea and upon admission agrees to adhere to its stated Constitution and By-Laws.

Family Name _____

Marital status: Married _____ Single _____ Divorced _____

First Name: Male _____ Female _____

Local Address: _____

Local Phone: _____ Secondary Phone: _____

E-Mail Address: Male _____

Female _____

Occupation or Profession

Business Phone

Male: _____

Female: _____

Anniversary Date: _____
Month

Day

Year

Birthday: Male: _____
Month

Day

Year

Female: _____
Month

Day

Year

RELIGIOUS INFORMATION

Please answer the following as completely as possible. Should you need help, please ask the Rabbi..

Are you a:

Kohen_____

Levi_____

Please answer in English:

Full Hebrew names: Male:_____

Parents Name:_____

Female:_____

Parents Name:_____

Are you fluent in Hebrew? Language_____Prayers_____

Members of the family who can chant the Haftarah:_____

Are you of the Jewish Faith under the Law of Conservative Judaism?

Male:_____Female_____Children_____

Jewish law defines a Jewish person as one born to a Jewish mother or one who has undergone formal conversion. According to this definition, please indicate the status of your family members