



The Tremont Street Shul

A JEWISH PRESENCE IN CAMBRIDGE SINCE 1896

MEMBERSHIP APPLICATION

I/We would like to join Temple Beth Shalom:

NAME _____

ADDRESS _____

Home Phone Number: _____

Work Phone Number: _____

Mobile Phone Number: _____

Fax Number: _____

E-mail Address: _____

Date: _____

Please enclose a check for membership dues.

Please see <http://www.tremontstreetshul.org/membership.html> or call Miriam Klapper at 617.864.6388 for the current suggested dues.

First year family memberships also include 4 person meals, and first year individual memberships include 2 person meals, at any combination of Community Shabbat Dinners and 20s&30s Shabbat dinners

Everyone is welcome. If dues pose a hardship, please get in touch with Miriam Klapper at 617.864.6388 or office@tremontstreetshul.org.



MEMBERSHIP INFORMATION

“The Tremont Street Shul”

8 Tremont Street
Cambridge, MA 02139
PH: (617) 864-6388
FAX: (617) 864-0507
EMAIL: office@tremontstreetsdul.org
WEBSITE: www.tremontstreetsdul.org

PLEASE PRINT ALL INFORMATION

ADULT #1

ADULT #2

All Information is CONFIDENTIAL. However, please note that family name and contact information is published in the Temple Contact list and provided to all Temple members. Please indicate any information you DO NOT wish to appear in that publication with an asterisk ().*

Today's Date: _____ / _____ / _____

FIRST NAME / INITIAL: _____

LAST NAME: _____

NICKNAME: _____

GENDER: Male Female Male Female

DATE OF BIRTH: _____ / _____ / _____

RELATIONSHIP/MARITAL STATUS: Married Partners Never Married Divorced Separated Widowed

LINEAGE: (Bat) Kohen (Bat) Levi Yisrael (Bat) Kohen (Bat) Levi Yisrael

ADDRESS INFORMATION

ADULT #1

ADULT #2

STREET: _____

CITY/STATE/ZIP: _____

HOME PHONE: _____

FAX NUMBER: _____

EMAIL ADDRESS: _____

WORK INFORMATION

ADULT #1

ADULT #2

OCCUPATION: _____

BUSINESS NAME: _____

BUSINESS ADDRESS – STREET: _____

BUSINESS ADDRESS – CITY/STATE/ZIP: _____

BUSINESS PHONE: _____

RELIGIOUS INFORMATION

	ADULT #1	ADULT #2
HEBREW NAME: Use English Lettering	_____	_____
FATHER'S HEBREW NAME: Use English Lettering	_____	_____
MOTHER'S HEBREW NAME: Use English Lettering	_____	_____
Do you read Hebrew?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Want to learn	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Want to learn
Do you read Torah?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Want to learn	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Want to learn
Would you lead davening?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Want to learn	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Want to learn

Yahrzeit Information

	ADULT #1	ADULT #2
NAME:	_____	_____
RELATIONSHIP:	_____	_____
Yahrzeit Date:	____ / ____ / ____	____ / ____ / ____
NAME:	_____	_____
RELATIONSHIP:	_____	_____
Yahrzeit Date:	____ / ____ / ____	____ / ____ / ____
NAME:	_____	_____
RELATIONSHIP:	_____	_____
Yahrzeit Date:	____ / ____ / ____	____ / ____ / ____

CHILD INFORMATION

	CHILD #1	CHILD #2	CHILD #3
FIRST NAME / INITIAL:	_____	_____	_____
LAST NAME:	_____	_____	_____
NICKNAME:	_____	_____	_____
HEBREW NAME: Use English Lettering	_____	_____	_____
SEX:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
DATE OF BIRTH:	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____
GRADE:	_____	_____	_____
SCHOOL ATTENDED:	_____	_____	_____

SERVICE INFORMATION

Committees you would be interested in serving on?
(Please number in order all that are of interest)

	ADULT #1	ADULT #2
BUILDING	_____	_____
CHESED	_____	_____
FINANCE/FUNDRAISING	_____	_____
KIDDUSH	_____	_____
MEMBERSHIP	_____	_____
RITUAL	_____	_____
SOCIAL ACTION	_____	_____
CHILDREN'S	_____	_____
ISRAEL	_____	_____
LIBRARY	_____	_____
OTHER RECOMMENDATION	_____	_____

NUMBER OF HOURS WILLING TO DONATE ON AVERAGE PER MONTH: _____

GENERAL INFORMATION

How did you hear about Temple Beth Shalom? _____

What additional services would you like to see at Temple Beth Shalom? _____

Temple Beth Shalom is developing a membership photo book. If you would like to participate, please forward any photo (hard copy or digital) to the Shul offices and indicate that the photo is for the photo book.

End of form- thank you