

TEMPLE B'RITH SHOLOM
MEMBERSHIP FORM

I/We _____ wish to belong to Temple B'rith Sholom
Congregation. I/We join with other members of the Congregation in supporting the Temple and its
programs by agreeing to pay annual dues in the amount of \$ _____

(Signature)

(Date)

Please return this form, with full or partial dues payment and the Membership Questionnaire to the:

Membership Chairman
Temple B'rith Sholom
1004-1008 South Fourth Street
Springfield, IL 62703

MEMBERSHIP QUESTIONNAIRE

Personal Information

Last Name: _____

First Name: _____

Date of Birth with year: _____

Nickname: _____ Hebrew Name: _____

Spouse's Last Name (if different): _____ Spouse's First Name: _____

Spouse's Date of Birth with year: _____

Spouse's Nickname: _____ Spouse's Hebrew Name: _____

Date of Wedding Anniversary: _____

Mailing Address: _____ City, State, Zip: _____

Winter Address (if different): _____

Home phone number: _____ Fax number: _____

Cell number: _____ Additional cell number: _____

Email addresses: _____

Occupations:

Occupation: _____

Place of Employment: _____

Phone Number: _____ Fax number: _____

Spouse:

Occupation: _____

Place of Employment: _____

Phone Number: _____ Fax Number: _____

Children's Information

Child's Name: _____ M or F (Circle One)

Hebrew Name: _____ Date of Birth with year: _____

Name of School: _____ Grade: _____

Child's Name: _____ M or F (Circle One)

Hebrew Name: _____ Date of Birth with year: _____

Name of School: _____ Grade: _____

Child's Name: _____ M or F (Circle One)

Hebrew Name: _____ Date of Birth with year: _____

Name of School: _____ Grade: _____

Child's Name: _____ M or F (Circle One)

Hebrew Name: _____ Date of Birth with year: _____

Name of School: _____ Grade: _____

Would you like to participate in any of the following? Circle the names below of the organization or committee in which you are interested:

Board of Trustees

Sisterhood

Committees:

- Adult Education
- Archives/Judaica Arts
- Building and Grounds
- Care
- Cemetery
- Endowment Growth
- Finance
- Fundraising
- House
- Investment

- JCRC
- Library
- Membership/Outreach
- Nominating
- Ritual/Holiday
- Religious School
- Social Action
- Special Events
- UAHC Liaison
- Youth

Other interests: _____

Yahrzeit Information You May Want the Temple to Have:

Name: _____

Hebrew Name: _____ Plaque Location: _____

Cemetery Name: _____ Cemetery Location: _____

Relationship of Decease to you: _____ Date of Death: _____

Observe Yahrzeit (Check One): _____ Gregorian _____ Hebrew

Name: _____

Hebrew Name: _____ Plaque Location: _____

Cemetery Name: _____ Cemetery Location: _____

Relationship of Decease to you: _____ Date of Death: _____

Observe Yahrzeit (Check One): _____ Gregorian _____ Hebrew

Name: _____

Hebrew Name: _____ Plaque Location: _____

Cemetery Name: _____ Cemetery Location: _____

Relationship of Decease to you: _____ Date of Death: _____

Observe Yahrzeit (Check One): _____ Gregorian _____ Hebrew

Name: _____

Hebrew Name: _____ Plaque Location: _____

Cemetery Name: _____ Cemetery Location: _____

Relationship of Decease to you: _____ Date of Death: _____

Observe Yahrzeit (Check One): _____ Gregorian _____ Hebrew

Any other information we should know about you: _____
