

# Application for Temple Beth Shalom Membership

(Please print clearly and fill out completely. Write N/A if it does not apply.)

Check One (See accompanying information sheet for explanation):

Family     Individual     Affiliate (Family)  
                    Affiliate (Individual)     Honorary

Adult 1: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Birthday: \_\_\_\_\_

Adult 2 : \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Birthday: \_\_\_\_\_

Anniversary: \_\_\_\_\_

Prior Congregation Affiliation:

\_\_\_\_\_

Please provide the following information for our records. Include complete names for adult member(s) (listed above) as well as all children living at home (including any Hebrew names for ritual use). Also, if one or more of your children is interested in Sunday School, please indicate class placement.

Member(s) & Child(ren) Information:

Name	Hebrew Name	Birth Date	Sunday School Grade (if applicable)

Yahrzeits:

Name	Relationship	Date of Death (English or Hebrew, including year)

Signature Adult 1: \_\_\_\_\_ Date: \_\_\_\_\_

Signature Adult 2: \_\_\_\_\_ Date: \_\_\_\_\_

**Please send the completed form with your payment to:  
Temple Beth Shalom, P.O. Box 9142, Hickory, NC 28603**