



# Temple B'nai Or

CONNECTING TRADITION to LIFE

## MEMBERSHIP PROFILE

Adult 1: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Informal Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_

Jewish? Yes \_\_\_\_\_ No \_\_\_\_\_ In the process of converting \_\_\_\_\_

Adult 2: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Informal Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_

Jewish? Yes \_\_\_\_\_ No \_\_\_\_\_ In the process of converting \_\_\_\_\_

Single \_\_\_\_\_ Married \_\_\_\_\_ Partnered \_\_\_\_\_ Civil Union \_\_\_\_\_ Anniversary Date: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail address (Adult 1): \_\_\_\_\_ (Adult 2) \_\_\_\_\_

Cell Phone (Adult 1) \_\_\_\_\_ (Adult 2) \_\_\_\_\_

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

Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

# CHILDREN'S DATA

Child 1: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Informal Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_

Living at home? \_\_\_\_\_ Name of secular school \_\_\_\_\_ Grade: \_\_\_\_\_

College address: \_\_\_\_\_

Bar/Bat Mitzvah?: \_\_\_\_\_ Date: \_\_\_\_\_ Confirmed?: \_\_\_\_\_ Date: \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Partnered \_\_\_\_\_ Civil Union \_\_\_\_\_

Child 2: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Informal Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_

Living at home? \_\_\_\_\_ Name of secular school \_\_\_\_\_ Grade: \_\_\_\_\_

College address: \_\_\_\_\_

Bar/Bat Mitzvah?: \_\_\_\_\_ Date: \_\_\_\_\_ Confirmed?: \_\_\_\_\_ Date: \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Partnered \_\_\_\_\_ Civil Union \_\_\_\_\_

Child 3: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Informal Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_

Living at home? \_\_\_\_\_ Name of secular school \_\_\_\_\_ Grade: \_\_\_\_\_

College address: \_\_\_\_\_

Bar/Bat Mitzvah?: \_\_\_\_\_ Date: \_\_\_\_\_ Confirmed?: \_\_\_\_\_ Date: \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Partnered \_\_\_\_\_ Civil Union \_\_\_\_\_

(Please list information on additional children on a separate sheet)

## Yahrzeit Information

Do you wish to receive notification of the anniversary of your loved one(s) yahrzeit by the English date or the Hebrew date? English \_\_\_\_\_ Hebrew \_\_\_\_\_

Name	Relationship	Date of Death
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Additional Information

Religious School Teaching Experience: (Adult 1) \_\_\_\_\_

(Adult 2) \_\_\_\_\_

Do you read Hebrew? (Adult 1) \_\_\_\_\_ (Adult 2) \_\_\_\_\_

## Becoming a Member

### Our Goal

Temple B'nai Or is our spiritual home. Our responsibility to the Temple is defined as a covenant, for covenant implies caring, mutual dedication, and involvement.

The Kehilah Membership Program for the current year is available by contacting our Executive Director at 973.539.4539 or by email to [office@templebnaior.org](mailto:office@templebnaior.org).

### Timing

Voluntary Financial Commitments are billed annually. The Temple's fiscal year is from July 1 through June 30. Members are encouraged to remit their annual pledge in full at the start of the year.

**Member #1:** I, \_\_\_\_\_, am applying to become a member of Temple B'nai Or.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Member #2:** I, \_\_\_\_\_, am applying to become a member of Temple B'nai Or.

Signature \_\_\_\_\_ Date \_\_\_\_\_

