



**Membership  
Information Form**

Welcome to T&V! We are so pleased that you are joining our community.  
Kindly complete this form so that we can best communicate with you throughout the year.  
**All information is kept confidential. (Please print clearly)**

Date \_\_\_\_\_  
Name(s) and format for mailings/listings \_\_\_\_\_  
Home address \_\_\_\_\_ Apt. \_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_  
Home phone ( ) \_\_\_\_\_

**What brought you to Town & Village Synagogue?**  
 Word of Mouth     Advertising/ Web     Neighborhood Location     Friends, Who? \_\_\_\_\_  
 Hebrew School     High Holidays     Programs (Youth, holiday, etc.)     Other \_\_\_\_\_

<b>Adult #1</b>	<b>Adult #2</b>
Mr./Mrs./Ms./Mx./Dr./Other (please circle)	Mr./Mrs./Ms./Mx./Dr./Other (please circle)
Name:	Name:
Date of Birth:        /        /	Date of Birth:        /        /
Cell phone #:	Cell phone #:
E-mail:	E-mail:
Preferred Daytime #:	Preferred Daytime #:
Hebrew Name*:	Hebrew Name*:
Father's Hebrew Name*:	Father's Hebrew Name*:
[ ] Kohen            [ ] Levi	[ ] Kohen            [ ] Levi
Mother's Hebrew Name*:	Mother's Hebrew Name*:
<b>Occupation</b>	<b>Occupation</b>
Title:	Title:
Business Name:	Business Name:
Business Address:	Business Address:
City, State, Zip:	City, State, Zip:
Fax No.	Fax No.

*\*If you're not sure of the Hebrew names, just leave it blank and we'll get in touch to help.*

You will be included in the <b>Membership Directory</b> (only available to members) Opt out <input type="checkbox"/> We'll miss you!	You will be included in the <b>Membership Directory</b> (only available to members) Opt out <input type="checkbox"/> We'll miss you!
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<b>Personal Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married (Date) ____/____/____ <input type="checkbox"/> Partnered <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other	
<b>Religious Background:</b> <input type="checkbox"/> Conservative <input type="checkbox"/> Reform <input type="checkbox"/> Orthodox <input type="checkbox"/> Unaffiliated Other _____	<b>Religious Background:</b> <input type="checkbox"/> Conservative <input type="checkbox"/> Reform <input type="checkbox"/> Orthodox <input type="checkbox"/> Unaffiliated Other _____
<b>Most recent Congregational Affiliation:</b>	<b>Most recent Congregational Affiliation:</b>

<b>Family</b> (Please give us information on your adult children also, if applicable.)	
<b>Child #1 M _ F _</b>	<b>Child # 2 M _ F _</b>
Name:	Name:
Hebrew Name:	Hebrew Name:
Date of Birth:	Date of Birth:
School/occupation:	School/Occupation:
Spouse/partner name (if applicable):	Spouse/partner name (if applicable):
Email Address:	Email Address:
Cell Phone:	Cell Phone:

<b>Child #3: M _ F _</b>	<b>Child #4: M _ F _</b>
Name:	Name:
Hebrew Name:	Hebrew Name:
Date of Birth:	Date of Birth:
School/occupation:	School/Occupation:
Spouse/partner name (if applicable):	Spouse/partner name (if applicable):
Email Address:	Email Address:
Cell Phone:	Cell Phone:
<i>Please add any additional children separately.</i>	

<b>Emergency Contact:</b> (w/relation & cell phone no.)	<b>Emergency Contact:</b> (w/relation & cell phone no.)
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**Yahrzeit Information**

If you would like to be reminded of the anniversary of the death of a loved one, please complete this section. (We can calculate the Hebrew Date for you from the common date, if you do not know it.)

<b>Name of Deceased</b> (Hebrew or English)	<b>Related to whom?</b>	<b>Relationship</b>	<b>Date* &amp; Year of Death</b> (Hebrew or English)

\*If providing the English Date, please note if death occurred after dark for the proper Hebrew date.

**Interests and Activities** We heartily welcome your active participation in T&V. To help us best meet your needs, let us know which of the areas below are of interest to you.

	Adult #1	Adult #2
<b>Torah (Learning):</b>		
Adult Education: Participate in Jewish study		
Hebrew School Parents Organization: Help with school activities		
<b>Chesed (Helping Others):</b>		
Bikkur Cholim: Visit the sick and homebound		
Social Action: Work on special projects to meet community needs		
<b>Avodah (Prayer - Ritual):</b>		
Beginners Services: Learn to daven		
Minyan: Help to make a minyan for those saying kaddish		
Holiday Preparation		
Spiritual Life: Work with the Rabbi to enhance our Jewish journey		
Torah Reading		
Haftarah Reading		
<b>Kehilla (Community):</b>		
Arts & Culture Events and Planning		
Building		
Choir		
College Youth		
Communications/Public Relations		
Fundraising		
Green Committee		
Greeting People at Services		
Israel Action		
Membership		
Senior Programming		
Sisterhood		
Teen Programming		
Young Adult & Graduate Student Events		
<b>Other:</b>		
<p><b>Bio:</b> Please include a short bio here for our High Holiday New Member Booklet. <i>Feel free to add an extra page if necessary. Send a photo with your name to <a href="mailto:office@tandv.org">office@tandv.org</a>, with NEW MEMBER INFO in the subject line.</i></p>		

**Skills and Capabilities:** Please provide brief descriptions for areas of expertise that you would be willing to share with the congregation to help us build the best *kehillah* (community) we can possibly achieve.

	Adult #1	Adult #2
<b>Leading Services:</b>		
Davening or leading services		
Giving a Dvar Torah/teaching		
Reading Torah or Haftarah		
<b>Artistic:</b>		
Drama or Acting		
Music/Vocal		
Visual/Multi-media		
<b>Teaching/Education:</b>		
Hebrew Language		
School Administration		
Teaching		
<b>Management and Administration:</b>		
Computers, networking and technology		
Financial and accounting		
Human Resources		
Management		
Office Skills		
<b>Communications:</b>		
Advertising		
Graphic Design		
Marketing		
Social Network Development		
Website Development		
Writing and editing		
<b>Event Planning:</b>		
Catering		
Organizing		
Promoting		
Venue, Vendor and Entertainment Management		
<b>Other:</b>		