

Temple Emanuel



MEMBERSHIP INFORMATION

THE FEELING YOU GET WHEN YOU BELONG

Phone: 301-942-2000 Fax: 301-850-2199

10101 Connecticut Avenue Kensington, MD 20895

www.templeemanuelmd.org

NAME ADULT A: _____

Hebrew Name, if known: _____ Cell Phone: _____

E-Mail (Please Print Clearly): _____ Birth Date: _____

NAME ADULT B: _____

Hebrew Name, if known: _____ Cell Phone: _____

E-Mail (Please Print Clearly): _____ Birth Date: _____

Address: _____

City, State, Zip: _____ Home Phone: _____

Wedding Anniversary: _____ Home Fax: _____ Date: _____

ADULT A

Occupational Information

Employer: _____ Occupation: _____

Work Phone: _____ Work Fax: _____ Work Cell: _____

Work E-Mail (Please Print Clearly): _____

Emergency Contact Information

Name: _____ Relation: _____ Phone: _____

Yahrzeits (If you prefer we use the Hebrew date, please put a check next to the name.)

Name

Relationship

Date of Death

ADULT B

Occupational Information

Employer: _____ Occupation: _____

Work Phone: _____ Work Fax: _____ Work Cell: _____

Work E-Mail (Please Print Clearly): _____

Emergency Contact Information

Name: _____ Relation: _____ Phone: _____

Yahrzeits (If you prefer we use the Hebrew date, please put a check next to the name.)

<u>Name</u>	<u>Relationship</u>	<u>Date of Death</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CHILDREN (fill in as appropriate)

_____ If you would like more information about the Religious School or the Early Childhood Center, please contact the Temple office or indicate it here.

Name: _____ Birth Date: _____ Hebrew Name: _____

Email: _____ School/College: _____ Year/Grade: _____

Name: _____ Birth Date: _____ Hebrew Name: _____

Email: _____ School/College: _____ Year/Grade: _____

Name: _____ Birth Date: _____ Hebrew Name: _____

Email: _____ School/College: _____ Year/Grade: _____

Name: _____ Birth Date: _____ Hebrew Name: _____

Email: _____ School/College: _____ Year/Grade: _____

Former Temple/Synagogue Affiliation (if appropriate)

Name of Temple/Synagogue: _____ Membership from _____ to _____

City/State/Zip Code: _____

Reform _____ Conservative _____ Orthodox _____ Reconstructionist _____ Other _____

Reason for Leaving: _____

How did you hear of Temple Emanuel? _____

Temple Emanuel Interests Survey

Below is a list of Temple activities, groups, committees and/or special skills. We encourage you to express your interest in any of them, and a chairperson will contact you. A committee description sheet is enclosed in this folder.

	Member A	Member B		Member A	Member B
Adult Education	_____	_____	Membership Committee	_____	_____
ARZA	_____	_____	Oneg Coordination	_____	_____
Brotherhood	_____	_____	Philanthropy & Special Events	_____	_____
Building & Grounds	_____	_____	Refugee Assistance	_____	_____
Community Social Action Council	_____	_____	Religious Practices	_____	_____
Finance	_____	_____	Religious School Volunteer	_____	_____
Global Mitzvah Team	_____	_____	Senior Focus	_____	_____
Green Team	_____	_____	Torah Study Group	_____	_____
Kesty 45 (grades 4 and 5)	_____	_____	Tot Shabbat	_____	_____
Kesty J (grades 6 and 7)	_____	_____	Volunteer Choir	_____	_____
KESTY (grades 8-12)	_____	_____	Adult/Teen (Kol Zimrah)	_____	_____
Kulanu (LGBT inclusion/diversity)	_____	_____	Junior Choir (grades 3-7)	_____	_____
Marketing Committee	_____	_____	WRJ/Sisterhood	_____	_____
Meal of Comfort (Bereavement)	_____	_____	Youth Committee	_____	_____

Membership Commitment

It is only through the generosity of our membership that Temple Emanuel can support our community's activities, programming, and worship. Please schedule an appointment with Dianne Neiman, Executive Director, to discuss your membership commitment and to complete your Membership Pledge Form. Contact the Temple Office at 301-942-2000 or contact Dianne directly at dianne@templeemanuelmd.org.

Thank you in advance for your generosity.

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