

TEMPLE SOLEL

6805 East McDonald Drive, Paradise Valley, Arizona 85253
(480) 991-7414

Providing the detailed information requested here will enable us to better serve your needs and interests.

APPLICATION FOR MEMBERSHIP

Date: _____

Please Print

	ADULT #1	ADULT #2
TITLE YOU PREFER: Circle one:	Dr. Mr. Mrs. Ms. Miss	Dr. Mr. Mrs. Ms. Miss
FIRST NAME:	_____	_____
LAST NAME:	_____	_____
NICKNAME:	_____	_____
E-MAIL ADDRESS:	_____	_____
DATE OF BIRTH:	____/____/____	____/____/____

LOCAL ADDRESS: _____
Street Address

City

State

Zip

HOME PHONE: _____ CELL PHONE: _____

May these numbers be distributed to the Congregation? Yes No

MARITAL STATUS Married W/Partner Single Divorced Widowed

WEDDING ANNIVERSARY: ____/____/____

	ADULT #1	ADULT #2
RELIGIOUS TRADITION IN WHICH YOU WERE RAISED:	<input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Secular	<input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Secular
IF NOT RAISED IN THE JEWISH TRADITION:	<input type="checkbox"/> A Jew by Choice <input type="checkbox"/> Not Jewish Religion _____	<input type="checkbox"/> A Jew by Choice <input type="checkbox"/> Not Jewish Religion _____
YOUR JEWISH EDUCATION	<input type="checkbox"/> Religious School <input type="checkbox"/> Bar/Bat Mitzvah	<input type="checkbox"/> Religious School <input type="checkbox"/> Bar/Bat Mitzvah
YOUR HEBREW NAME:	_____	_____
FATHER'S HEBREW NAME:	_____	_____
MOTHER'S HEBREW NAME:	_____	_____

ADULT #1

ADULT #2

OCCUPATION:

COMPANY NAME:

ADDRESS:

BUSINESS PHONE:

May this # be distributed to the Congregation? Yes No

Yes No

FAX #:

WOULD YOU PROVIDE AN OCCASIONAL
BUSINESS OR PROFESSIONAL
SERVICE TO THE TEMPLE?

Yes No

Yes No

IF RETIRED, PREVIOUS OCCUPATION: _____

_PLEASE LIST CHILDREN LIVING IN YOUR HOME

CHILD #1: _____
(Last) (First) (Middle)

Sex: _____

Birth Date: ____ / ____ / ____

Hebrew Name: _____

CHILD #2: _____
(Last) (First) (Middle)

Sex: _____

Birth Date: ____ / ____ / ____

Hebrew Name: _____

CHILD #3: _____
(Last) (First) (Middle)

Sex: _____

Birth Date: ____ / ____ / ____

Hebrew Name: _____

CHILD #4: _____
(Last) (First) (Middle)

Sex: _____

Birth Date: ____ / ____ / ____

Hebrew Name: _____

DO YOU HAVE CHILDREN IN COLLEGE? YES NO

Name: _____ Date of Birth: ____ / ____ / ____

Year in College: _____

Address: _____

Email _____

Name: _____ Date of Birth: ____ / ____ / ____

Year in College: _____

Address: _____

Email _____

Are other members of your family members of Temple Solel? Yes No

If yes, who? _____ Relationship: _____

Where were you last affiliated?

Temple/Synagogue Name: _____ City/State: _____

How and why did you become interested in Temple Solel? _____

Were you referred by a Temple member? Yes No Whom? _____

Do you have a relative who is homebound or in a nursing home? Yes No

If so, please let us know who and where: _____

Volunteer Opportunities

- Office – special mailings
- Office – filing
- Writing notes to congregants
- Library
- Gift Shop
- Anniversary Phone Calls
- Birthday Phone Calls

Organizations/Activities

- Men's Group
- Women's Group
- Seniors Group (Chachma)
- Yiddish Club
- Chavurot
- Raker Religious School Room Parent
 - Adult Education Classes
- Special Events Planning & Support
- Temple Solel Preschool - PAC
- Temple Solel Adult Choir

Youth Programming

- TSTY (Senior Youth Group, Grades 9 – 12)
- Kochavim (Grades 4 – 6)

- Giborim (Grades 7 – 8)
- Youth Choir

Do you have any special skills, talents, hobbies or interests to share with us?

- Artistic Talents
- Photography
- Crafts
- Computer or Desktop/Publishing Skills
- Advertising
- Musical Talents
- Theater
- Lead a Shiva minyan or other services
- Writing/Editing Skills
- Other _____

Temple Solel's Committees

- Caring - Provides a support structure by the Temple to reach congregants who are ill, bereaved or in need of emotional support. Also provides services to congregants requiring special help.
- Education - Oversees all facets of the Temple's educational programming including school, camps, youth programs and adult education.
- Membership Recruitment & Retention - Formulates and implements programs for attracting new members and non-active members into congregational activities.
- Outreach - Introduces prospective Jews-by-choice, those who have recently chosen Judaism and couples of interfaith marriage to the Jewish community and to Jewish life.
- Social Action - Develops programs to involve Temple Solel members in *tikkum olam*.

Please list names and dates of death of your departed for whom you wish Yahrzeit notices sent.

Information must be complete in order for us to enter these names into our system.

Do you want notification of Hebrew date or English date?
 ENGLISH DATE HEBREW DATE

1. _____
 (Name) (Relationship) (Related to)

 (English Date) (Hebrew Date) (Before or After Sundown)

2. _____
 (Name) (Relationship) (Related to)

 (English Date) (Hebrew Date) (Before or After Sundown)

3. _____
 (Name) (Relationship) (Related to)

 (English Date) (Hebrew Date) (Before or After Sundown)

4. _____
 (Name) (Relationship) (Related to)

 (English Date) (Hebrew Date) (Before or After Sundown)

5. _____
 (Name) (Relationship) (Related to)

 (English Date) (Hebrew Date) (Before or After Sundown)

6. _____
 (Name) (Relationship) (Related to)

 (English Date) (Hebrew Date) (Before or After Sundown)

I understand that each year, my financial obligation to Temple Solel is for the full year, regardless of the payment plan I select by which to pay my commitments.

(Signature of Applicant)

(Date)