

Temple Adat Shalom Membership Record Form
15905 Pomerado Rd., Poway, Ca 92064 (858) 451-1200

We are delighted you have chosen to join Temple Adat Shalom. PLEASE COMPLETE ALL INFORMATION ON THIS CONFIDENTIAL FORM. In addition to helping us serve you more effectively, this information helps us to establish an accurate profile of our membership, to better plan our future, and to enhance your full involvement in the congregation. Thank you for your cooperation and welcome to Temple Adat Shalom.

Date of Application ____/____/____

Was referred by: Person _____ Advertisement _____ Other _____

(PLEASE CHECK MEMBERSHIP DESIRED)

____ Family (2+ Adults and children) ____ Single ____ Young Family (2 Adults under 32)

____ Young Single (1 Adult Under 32) ____ Associate

(PLEASE PRINT LEGIBLY)

MEMBER 1
Dr./Mr./Mrs./Ms.

(Last Name) (First Name) (Hebrew name if known) (Birth date with year)

MEMBER 2
Dr./Mr./Mrs./Ms.

(Last Name) (First Name) (Hebrew name if known) (Birth date with year)

(Family Salutation; example: Mike & Debbie)

PHONE: (____) _____

ADDRESS:

(Street) (City) (State) (Zip Code)

Marital Status

____ Single ____ Separated ____ Divorced ____ Living together ____ Widowed

____ Married (date including year) _____
MM/DD/YY

____ Domestic Partner – date of union (including year) _____
MM/DD/YY

	Member 1	Member 2
Occupation or Profession (If retired, prior profession)		
Business Phone		
Cell Phone		
Skills, Talents, Hobbies		
Email Address		
Would you like to be added to our weekly email list) Yes/No		

Your Children

Please fill in the following information as it applies to each of your children regardless of age.

Name				
Hebrew Name				
Male/Female				
Birth Date /Age				
Complete address (if not the same)				
Phone Number (if not the same)				

Household Information

Temple Adat Shalom makes a special effort to address the diversity of congregant's needs in developing programs. Please complete the information below to assist us in learning more about your family.

(Please circle appropriate answer)

We are an interfaith Family

Yes/No

Does any member of your household have physical limitations (special needs)

Yes/No

which the Temple's facilities or programs might better accommodate?

(Vision/Hearing/Mobility/Other) If you indicate "Other", please specify in Other Information space below)

Other Information: Please use this space to indicate any other information you would like us to know.

Relationships:

Are you related to any current TAS members(s)? If yes, please list name and relationship.

Secondary Information for Associate Members:

Phone: (____) _____

Address:

(Street) (City) (State) (Zip Code)

Special Needs and Interests:

- | | | |
|--|--|--|
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Marketing & Publicity | <input type="checkbox"/> Religious School |
| <input type="checkbox"/> Building Maintenance | <input type="checkbox"/> Membership | <input type="checkbox"/> Sisterhood |
| <input type="checkbox"/> Chavurah | <input type="checkbox"/> Men's Club | <input type="checkbox"/> Social Justice |
| <input type="checkbox"/> Choir or Band | <input type="checkbox"/> Office Volunteer | <input type="checkbox"/> Strategic Planning |
| <input type="checkbox"/> Development | <input type="checkbox"/> Outreach | <input type="checkbox"/> Ways & Means |
| <input type="checkbox"/> Facilities & Security | <input type="checkbox"/> Pre-School | <input type="checkbox"/> Worship (Life Cycle events) |
| <input type="checkbox"/> Gift Shop | <input type="checkbox"/> Religious Practices | <input type="checkbox"/> Youth Group Programs |

Are you interested in special activities such as Bowling, Movies, Theater, Hiking, Skiing, Cooking, Scrapbooking?

Other (please indicate)

Yahrzeit Information

Please provide names of those who have died and for whom you wish Yahrzeit recited at the Shabbat services immediately prior to the anniversary according to the secular calendar (unless otherwise requested). **We must have the date of death to insure that Yahrzeit is noted.**

Date of Death
I prefer to observe

Name	Relationship	(Month/Day/Year)	(Secular/Hebrew)
<u>(Example) Joseph Goldman</u>	<u>Susan's grandfather</u>	<u>12/1/1985</u>	<u>Secular</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Cemetery Information

I / (We) have ____ Have not____ made arrangements at a cemetery

If you have, please give us name/location _____

Include any special or specific instructions you wish the Rabbi to know.

Note: the TAS board of Trustees has approved providing member address lists to two organizations: The Union for Reform Judaism (URJ) and the United Jewish Federation of San Diego County (UJF). For more information, please contact the TAS Executive Director.

Rabbi David Castiglione and our Temple President will host special programs for new members, where they hope to have an opportunity to get to know you, welcome you personally to the congregation, and answer any question you might have. Full details will follow. However, if you would prefer to make an appointment to meet personally with Rabbi Castiglione before then, please feel free to contact the Rabbi's secretary at 858-451-1200.