



TEMPLE BETH OHR

Application For Membership

15721 E. Rosecrans Ave., La Mirada, CA 90638
562-691-2551 ✧ 714-521-6765 ✧ tmplbthohr@aol.com

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

(Please Print)

Date _____

Preferred Title: *(circle one)* Dr. Mr. Mrs. Ms. Miss Other _____
Adult #1 Adult #2
Dr. Mr. Mrs. Ms. Miss Other _____

First Name: _____

Middle Name: _____

Last Name: _____

Date of Birth: _____ / _____ / _____

Email Address: _____

Include in the congregational directory? Yes No

Yes No

Address: _____

Street Address

City

State

Zip

Home Phone: _____ Fax #: _____

Include in the congregational directory? Yes No

Yes No

If married, date of marriage: _____ / _____ / _____

Jewish tradition in which you were raised: Reform Conservative Orthodox Reconstructionist Secular

If not raised in the Jewish tradition, are you: Jew by Choice Not Jewish
Religion: _____

Your Jewish education: Religious School Bar/Bat Mitzvah Confirmation Jewish Summer Camp Other: _____

Your Hebrew Name: _____

Father's Hebrew Name _____

Mother's Hebrew Name _____

Previous Temple Affiliation: _____

Name

Adult#1

Adult #2

Occupation: _____

(If retired, previous occupation) _____

Company/Organization Name: _____

Address: _____

Work Phone: _____

Include in the congregational directory? Yes No

Yes No

Work Fax #: _____

Work Email Address: _____

Include in the congregational directory? Yes No

Yes No

Would you provide an occasional service to the Temple? Yes No

Yes No

Please list children living in your home:

Child #1: _____ Sex: _____
(Last) (First) (Middle)

Birth Date: ____/____/____ Hebrew Name: _____

Child #2: _____ Sex: _____
(Last) (First) (Middle)

Birth Date: ____/____/____ Hebrew Name: _____

Child #3: _____ Sex: _____
(Last) (First) (Middle)

Birth Date: ____/____/____ Hebrew Name: _____

(If needed, please use back of page for additional children)

Do you have children in college? Yes No

Name: _____ Date of Birth: ____/____/____ Year in College: _____

College Name: _____ College Address: _____

Name: _____ Date of Birth: ____/____/____ Year in College: _____

College Name: _____ College Address: _____

(If needed, please use back of page for additional children)

Please indicate which of the following committees/auxiliaries you would like to participate in:

Adult #1 Adult #2

- _____ _____ Adult Education
- _____ _____ Band - please indicate your instrument(s)
- _____ _____ Brotherhood
- _____ _____ Budget & Finance
- _____ _____ Choir
- _____ _____ Education - Oversees Temple Beth Ohr's Religious and Hebrew school.
- _____ _____ House - Oversees the care and maintenance of the Temple Building & Grounds.
- _____ _____ Membership - Formulates and implements programs for attracting new members and non-active members into congregational activities.
- _____ _____ Planning Committee
- _____ _____ Publicity
- _____ _____ Religious Committee: Plans, develops and advances the religious services and activities of the Temple, under the leadership of the Rabbi.
- _____ _____ Senior Activities:
- _____ _____ Sisterhood
- _____ _____ Social Action/Intercommunity Relations - Develops programs to involve Temple Beth Ohr's members in projects to alleviate human suffering.
- _____ _____ Beacon (Temple Newsletter)
- _____ _____ Ways & Means
- _____ _____ Youth

Other organizations to which you belong (i.e. Kiwanis, Rotary, etc.):

How did you hear of Temple Beth Ohr?