

# Temple Beth Sholom of Pascack Valley

## Membership Questionnaire



**Family Name:**

Street Address:

City, State Zip:

Home Telephone #:

### Male Adult

Title (circle one): Mr. Dr. Other \_\_\_\_\_

First Name:

Nickname (if any):

Jewish? Yes No

Tribe (circle one): Kohen Levi Israelite

Hebrew Name(s) (English transliteration):

Can you read Hebrew? Yes No

Can you read from the Torah? Yes No

### Female Adult

Title (circle one): Mrs. Ms. Dr. Other \_\_\_\_\_

First Name:

Nickname (if any):

Last Name (if different from Family Name):

Jewish? Yes No

Tribe (circle one): Kohen Levi Israelite

Hebrew Name(s) (English transliteration):

Can you read Hebrew? Yes No

Can you read from the Torah? Yes No

Birthday (mm/dd/yyyy):

Email Address:

Cell Phone #:

Occupation:

Self-employed? Yes No

Industry:

Work Phone #:

Birthday (mm/dd/yyyy):

Email Address:

Cell Phone #:

Occupation:

Self-employed? Yes No

Industry:

Work Phone #:

# Temple Beth Sholom of Pascack Valley

## Membership Questionnaire



<b>Male Adult</b>	<b>Female Adult</b>																										
Hobbies:	Hobbies:																										
List any USY experience:	List any USY experience:																										
Wedding Anniversary Date (if applicable) (mm/dd/yyyy):																											
Names of Children (English and Hebrew)	Birthdate (mm/dd/yyyy):      Before or After Sundown?																										
Names of College-Age Students:      School:      Grad Year:      Email Address:																											
List any other family members living with you:	Relationship:																										
Are you related to any other Temple Beth Sholom members?      (Please add their names and relationships below)																											
I hereby enclose 3 month's dues and building fund and agree to abide by the Constitution and Policies of the Congregation. I also agree to pay dues, fees, and other charges as set forth by the Executive Board.																											
Signature:	Date:																										
<b>OFFICE USE ONLY:</b>																											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Date</th> <th style="width: 35%;">Name</th> <th style="width: 15%;">Status</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Date	Name	Status																<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left;">Membership Category</th> </tr> </thead> <tbody> <tr> <td style="width: 50%;">Family</td> <td>Young</td> </tr> <tr> <td>Single</td> <td>Standard</td> </tr> <tr> <td>Special</td> <td>Golden</td> </tr> </tbody> </table>	Membership Category		Family	Young	Single	Standard	Special	Golden
Date	Name	Status																									
Membership Category																											
Family	Young																										
Single	Standard																										
Special	Golden																										