

## TEMPLE B'NAI ISRAEL OF LACONIA MEMBERSHIP FORM

Welcome to Our Synagogue Family!

TBI membership is available to any person of the Jewish faith by birth or through conversion to Judaism, or any person raising a Jewish child, or any person who is married to or is living together as if married to a member of the Jewish faith, or any person who was married to a member of the Jewish faith and has been a member of a temple, and is twenty-one years of age or older shall be eligible to be admitted to membership.

Primary Member								
First Name			Last Name			☐ Jewish - Hebrew Name, including names of parents, and if known, Cohen, Levi or Israel		
☐ Male ☐ Female Date of Birth								
Marital Status	☐ Si	ngle [	☐ Married ☐	Partnered ☐ Separated ☐ Divorced ☐ Widowed				ersary Date olicable)
Phone Numbers			□Home		☐ Work (optional)			
(check preferred contact method) Email address							<u> </u>	
Occupation								
Jewish Talents	☐ Teach Hebrew/Religious School			☐ Lead Services	☐ Chant Torah	☐ Chant F	Haftorah	Other
Spouse (if applicable)								
First Name			Last Name			☐ Jewish - Hebrew Name, including names of parents, and if known, Cohen, Levi or Israel		
☐ Male ☐ Female Date of Birth								
Phone Numbers			□Home			☐ Work (optional)		
Email address								
Occupation								
Jewish Talents	□ Te		ious School	☐ Lead Services	☐ Chant Torah	Forah Chant Haftorah		Other
FAMILY ADDR	RESS	INFO	RMATION	ı				
Street Address ( <i>primary</i> ), City, State, Zip Code								
Secondary Street Address, City, State, Zip Code ( <u>if applicable</u> )								
Child(ren's) Information (under 18 living at home)								
Name				Date of Birth	Male/Fema	le l	Hebrew	Name

Adult2(ifapplicable) Signature\_

Member(s) Name(s)		_				
WE LOOK FORWARD TO GETTIN	IG TO KNOW YOU!	! (please add a separa	te page if needed)			
How did you hear about TBI and		•	, , , ,			
•	ts, memberships ir	n clubs and communal a	associations, offices held, honors, books			
published etc.						
What was a street for a second						
What opportunities for engagem  Worship Shabbat & Holidays	□Adult Education	□Social connections	☐ Temple Committees			
□Ritual Committee	DAddit Education		·			
		_	□ Fundraising Committee			
☐ Holiday & Social Committee			☐ Jewish Food Festival☐ We Care Concerts			
☐Building & Grounds Committee☐Finance Committee			□ Social Action Committee			
☐ Membership Committee			☐ Marketing and Public Relations			
☐Tech Team		☐Cemetery Committee				
			minicee			
PLEASE LIST ANY RELATIVES OF	R CLOSE FRIENDS	IN OUR CONGREGATIO	N AND THEIR RELATIONSHIP TO YOU			
	-		ectronic directory for your family:			
□ Adult Names □ Children's Name	es □Address □Ho	me phone  Cell phone	es □Email addresses			
$\square$ We prefer not to be listed in the	TBI electronic men	nbership directory				
Select level of membership (invo	oice will be sent) □	Benefactor \$2130 □	Builder \$1815 ☐ Sustainer \$1500			
- '			modification requested (we will contact you			
ult 1 Signature			Date			
<u> </u>						

## B'ruchim Habayim – Welcome to our home - Temple B'nai Israel of Laconia.

TBI belongs to all of us. The more we are involved, the stronger our synagogue and greater community become. Active engagement leads to connecting with community making new friends experiencing sacred traditions and growing in knowledge and spirit.

Date

YAHRZEITS

Member(s) Name(s)	
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Each household may acknowledge the anniversaries of the passing of relatives and close friends. Jewish and non-Jewish relatives may be honored. <i>Please attach an additional page if necessary.</i>						
Name of Loved Ones	Relationship (to which member)	Date of passing include year if known				