



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		<input type="checkbox"/> Jewish	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Hebrew Name, including names of parents, and if known, Cohen, Levi or Israel			Date of Birth	
Marital Status		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partnered <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			Anniversary Date (if applicable)
Phone Numbers (check preferred contact method)		<input type="checkbox"/> Cell	<input type="checkbox"/> Home		<input type="checkbox"/> Work (optional)
Email address					
Occupation					
Jewish Talents	<input type="checkbox"/> Teach Hebrew/Religious School	<input type="checkbox"/> Lead Services	<input type="checkbox"/> Chant Torah	<input type="checkbox"/> Chant Haftarah	Other

Secondary Member (if applicable)

First Name		Last Name		<input type="checkbox"/> Jewish	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Hebrew Name, including names of parents, and if known, Cohen, Levi or Israel			Date of Birth	
Phone Numbers (check preferred contact method)		<input type="checkbox"/> Cell	<input type="checkbox"/> Home		<input checked="" type="checkbox"/> Work (optional)
Email address					
Occupation					
Jewish Talents	<input type="checkbox"/> Teach Hebrew/Religious School	<input type="checkbox"/> Lead Services	<input type="checkbox"/> Chant Torah	<input type="checkbox"/> Chant Haftarah	Other

FAMILY ADDRESS INFORMATION

Street Address (<u>primary</u>), City, State, Zip Code	
Secondary Address, City, State, Zip Code (<u>if applicable</u>)	

Child(ren's) Information (if under 25 and living at home)

Name	Date of Birth	Male/Female	Hebrew Name

Member(s) Name(s) _____

WE LOOK FORWARD TO GETTING TO KNOW YOU! (please add a separate page if needed)

How did you hear about TBI and why have you chosen to join?

Additional special talents, interests, memberships in clubs and communal associations, offices held, honors, books published etc.

What opportunities for engagement interest you?☐ Worship Shabbat & Holidays☐ Adult Education☐ Social connections☐ Temple Committees☐ Sisterhood☐ Ritual Committee☐ Holiday & Programming Committee☐ Building & Grounds Committee☐ Finance Committee☐ Membership Committee☐ Tech Team☐ Caring Committee☐ Fundraising Committee☐ Jewish Food Festival☐ We Care Concerts☐ Social Action Committee☐ Marketing and Public Relations☐ Cemetery Committee**PLEASE LIST ANY RELATIVES OR CLOSE FRIENDS IN OUR CONGREGATION AND THEIR RELATIONSHIP TO YOU****Please check the information that you want to be included in the TBI electronic directory for your family:**☐ Adult Names ☐ Children's Names ☐ Address ☐ Home phone ☐ Cell phones ☐ Email addresses ☐ Birthdays ☐ Anniversaries ☐ We prefer not to be listed in the TBI electronic membership directory**Select level of membership (invoice will be sent)**☐ Benefactor \$2235 ☐ Builder \$1905 ☐ ***Sustainer \$1575☐ Associate \$790 (must be member of another synagogue. Please provide name of synagogue & location)*****1st year Sustainer level dues are \$790**☐ Dues modification requested (we will contact you)

Adult 1 Signature _____ Date _____

Adult 2 (if applicable) Signature _____ Date _____

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.

Member(s) Name(s) _____

YAHREZEITS

Each household may acknowledge the anniversaries of the passing of relatives and close friends. Jewish and non-Jewish relatives may be honored. *Please attach an additional page if necessary.*

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