



TEMPLE B'NAI ISRAEL OF LACONIA

MEMBERSHIP FORM

Welcome to
Our Synagogue Family!

Primary Member

First Name		Last Name		Hebrew Name	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth		<input type="checkbox"/> Jewish by birth	<input type="checkbox"/> Jewish by choice
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 <i>(if applicable)</i>	
Phone Numbers <i>(check preferred contact method)</i>		<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 Haftorah
		Other			

Spouse (if applicable)

First Name		Last Name		Hebrew Name	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth		<input type="checkbox"/> Jewish by birth	<input type="checkbox"/> Jewish by choice
		<input type="checkbox"/> Not Jewish			
Phone Numbers <i>(check preferred contact method)</i>		<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 Haftorah
		Other			

FAMILY ADDRESS INFORMATION

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

Child(ren's) Information (if applicable)

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?

<input type="checkbox"/> Worship Shabbat & Holidays	<input type="checkbox"/> Adult Education	<input type="checkbox"/> Social connections	<input type="checkbox"/> Temple Committees
<input type="checkbox"/> Ritual Committee <input type="checkbox"/> Holiday & Social Committee <input type="checkbox"/> Building & Grounds Committee <input type="checkbox"/> Finance Committee <input type="checkbox"/> Membership Committee <input type="checkbox"/> Tech Team		<input type="checkbox"/> Fundraising Committee <input type="checkbox"/> Jewish Food Festival <input type="checkbox"/> We Care Concerts <input type="checkbox"/> Social Action Committee <input type="checkbox"/> Marketing and Public Relations <input type="checkbox"/> Cemetery Committee	

PLEASE LIST ANY RELATIVES OR CLOSE FRIENDS IN OUR CONGREGATION AND THEIR REALTIONSHIP 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 \$2130 Builder \$1815 Sustainer \$1500
 Associate \$750 (must be current member of another synagogue) 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.

