



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		Hebrew Name, including names of parents, and if known, Cohen, Levi or Israel	
<input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth		<input type="checkbox"/> Jewish	
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	
Email address		<input type="checkbox"/> Work (optional)			
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			

Spouse (if applicable)

First Name		Last Name		Hebrew Name, including names of parents, and if known, Cohen, Levi or Israel	
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth		<input type="checkbox"/> Jewish	
Phone Numbers <i>(check preferred contact method)</i>		<input type="checkbox"/> Cell		<input type="checkbox"/> Home	
Email address		<input type="checkbox"/> Work (optional)			
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 (<i>primary</i>), City, State, Zip Code
Secondary Address, City, State, Zip Code (<i>if applicable</i>)

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?

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Worship Shabbat & Holidays | <input type="checkbox"/> Adult Education | <input type="checkbox"/> Social connections
<input type="checkbox"/> Sisterhood | <input type="checkbox"/> Temple Committees |
|---|--|--|--|

- | | |
|--|--|
| <input type="checkbox"/> Ritual Committee
<input type="checkbox"/> Holiday & Programming 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"/> Caring Committee | <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 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 \$2130 Builder \$1815 ***Sustainer \$1500
*****1st year Sustainer level dues are \$750.** Associate \$750 (must be member of another synagogue: Synagogue

Name & Location _____

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) _____

Yahrzeits

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.*

Name of Loved Ones	Relationship (to which member)	Date of passing <i>include year if known</i>