

TEMPLE OR ELOHIM – A COMMUNITY REFORM CONGREGATION

**18 Tobie Lane
Jericho, NY 11753
516-433-9888**

**Rabbi Judy Cohen-Rosenberg
Cantor David Katz
Director of Education: Deborah Tract**

MEMBERSHIP FORM 2019-20

In order to include all your information into our computer system, please fill in as much of the requested information as possible. Be sure to list the anniversary dates of your deceased family members so you can be notified of their Yahrzeit dates. Your business information is optional, however, please be assured that we keep all congregants personal information confidential. We do want complete information for emergency contact purposes.

All mailings will be sent to your main address listed. If you are not at the same address all year round, please inform us and we can arrange to have your mail sent to an alternative address.

Contact numbers for the Rabbi and Cantor, Hebrew School and Board members, can be found in monthly Shofar which lists all the necessary contacts or the temple website

www.templeorelohim.com

For any other information, please call the temple office at 516-433-9888 and listen for the different extensions:

Main Office..... #14	School Office..... #14
Rabbi Judy.C-R.....#11	Deborah Tract, Principal #15
Finance Office.....#13	Cantor David Katz..... #12

MEMBER FORM (1 of 3)

Member #1

First & Last Name _____ Birthday _____

Member # 2

First & Last Name _____ Birthday _____

Address _____

Town _____ Zip _____

Home Telephone # _____

Cell Telephone # _____

E-mail _____

Occupation of Member #1 _____

Business Telephone # _____

Business Address _____

Occupation of Member #2 _____

Business Telephone # _____

Business Address _____

Wedding Anniversary _____

Member # 1's Interests, Talents and Committee Choices:

Member # 2's Interests, Talents and Committee Choices:

MEMBER FORM (2 of 3)

Names of Children:

1. _____ (M/F) _____

Date of Birth _____

School attending _____

Special Interests _____

2. _____ (M/F) _____

Date of Birth _____

School attending _____

Special Interests _____

3. _____ (M/F) _____

Date of Birth _____

School attending _____

Special Interests _____

4. _____ (M/F) _____

Date of Birth _____

School attending _____

Special Interests _____

MEMBER FORM (3 of 3)

Yahrzeit Information

Deceased family members to be remembered from the pulpit on the anniversary of their passing. (Please note that it is the temple policy to remember Yahrzeits on the English date of death).

Name of Deceased _____

Relationship _____ Date of death _____

Name of Recipient: Member # 1 _____ Member # 2 _____

Name of Deceased _____

Relationship _____ Date of death _____

Name of Recipient: Member #1 _____ Member # 2 _____

Name of Deceased _____

Relationship _____ Date of death _____

Name of Recipient: Member #1 _____ Member # 2 _____

Name of Deceased _____

Relationship _____ Date of death _____

Name of Recipient: Member #1 _____ Member # 2 _____

Name of Deceased _____

Relationship _____ Date of death _____

Name of Recipient: Member #1 _____ Member # 2 _____

Name of Deceased _____

Relationship _____ Date of death _____

Name of Recipient: Member #1 _____ Member # 2 _____