



## MEMBERSHIP APPLICATION

**Temple Israel of Dover**  
**36 Olive Meadow Lane**  
**P.O.Box 254**  
**Dover, NH 03821-0254**



Application date \_\_\_\_\_

Welcome to Temple Israel! We are delighted you have chosen to become part of our community. We hope that you will find membership an enriching experience and encourage you to explore the diverse opportunities for Jewish expression that Temple Israel offers. Please call upon our rabbi, staff, and lay leaders whenever we can assist you in becoming part of our Temple family. All information in this application will be treated confidentially. Please call our office at **603-742-3976** if you have any questions at all or need assistance in filling out this application.

### Personal Information

	<b>ADULT APPLICANT 1</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>ADULT APPLICANT 2</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other _____	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other _____
Full Name		
By what first name do you wish to be addressed (if different from above)?		
Personal Status	<input type="checkbox"/> Single <input type="checkbox"/> Married _____ (date) <input type="checkbox"/> Other _____	<input type="checkbox"/> Partnered <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Hebrew Name (if known)		
Date of Birth		
Birthplace		
Former city and state of residence		
Special Accommodations needed	<input type="checkbox"/> Visual impairment (large print prayer book) <input type="checkbox"/> Auditory impairment (assisted hearing devices) <input type="checkbox"/> Physically challenged <input type="checkbox"/> Other _____	<input type="checkbox"/> Visual impairment (large print prayer book) <input type="checkbox"/> Auditory impairment (assisted hearing devices) <input type="checkbox"/> Physically challenged <input type="checkbox"/> Other _____
Community Affiliations		

### Contact Information

How would you like your name(s) to appear on Temple mailings? We will do our best to accommodate your request within system capabilities.

Name(s): \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell Phone 1: \_\_\_\_\_ Cell Phone 2: \_\_\_\_\_

Email 1: \_\_\_\_\_ Email 2: \_\_\_\_\_

I would like to receive temple communications via email.

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## Religious Background

	Adult Applicant 1	Adult Applicant 2
Religious background in which you were raised	<input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Other _____ <input type="checkbox"/> Jewish unaffiliated	<input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Other _____ <input type="checkbox"/> Jewish unaffiliated
If you became Jewish as an adult Date, Congregation, City		
Bar/Bat Mitzvah (if applicable) Date, Congregation, City		
Confirmation (if applicable) Date, Congregation, City		
Congregation most recently or currently affiliated with		
Please list any relatives who are members		
Have you ever been a member of another synagogue? If so, when?		

## Business Information

	Adult Applicant 1	Adult Applicant 2
Occupation/Title		
Area of specialization		
Employer		
Address		
City, State, Zip		
Business Phone		
Business Fax		
Business Email		

## Yahrzeit Information

Name	Date of death Before/After sundown	Family Relationship

Please attach a separate sheet for additional names.

Request information on memorial plaque at Temple Israel..

## Children's Information

	Child 1 <input type="checkbox"/> Male <input type="checkbox"/> Female	Child 2 <input type="checkbox"/> Male <input type="checkbox"/> Female	Child 3 <input type="checkbox"/> Male <input type="checkbox"/> Female	Child 4 <input type="checkbox"/> Male <input type="checkbox"/> Female
First and middle name				
Last name (if different)				
Hebrew name (if known)				
Birth date (and grade if applicable)				
Address (if not living with you)				
Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partnered	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partnered	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partnered	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partnered
Is this child being raised in the Jewish faith?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will this child be attending Religious School at _____?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bar/Bat Mitzvah: Date, Congregation, City				
Confirmation: Date, Congregation, City				
If previously attended Religious School, list Congregation and City				

If you have more than four children, please attach an additional page.

## Emergency Contact Information

Adult 1 Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Dr. Name & Phone: \_\_\_\_\_

Health Care Proxy: \_\_\_\_\_

Adult 2 Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Dr. Name & Phone: \_\_\_\_\_

Health Care Proxy: \_\_\_\_\_

## Opportunity for Participation

At Temple Israel, we believe that joining a congregation is a spiritual and emotional commitment. We encourage all congregants to become involved in all aspects of life in our congregational community. In furthering this ideal, we request that upon signing this application you commit to participate in congregational life. Please indicate which of these areas interest you by checking the appropriate box or boxes. Your participation will help strengthen the community and will make your temple experience more meaningful. You will be contacted by a congregation member with more information.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Adult Education                  | <input type="checkbox"/> Holiday Celebrations and/or decoration | <input type="checkbox"/> Interfaith Activities        |
| <input type="checkbox"/> Budget and Finance               | <input type="checkbox"/> Assisting with office work             | <input type="checkbox"/> Youth Activities             |
| <input type="checkbox"/> Social Action & Mitzvah Projects | <input type="checkbox"/> Religious School Activities & projects | <input type="checkbox"/> Library                      |
| <input type="checkbox"/> Communications & Publicity       | <input type="checkbox"/> Visiting the Sick and Bereaved         | <input type="checkbox"/> Newsletter Writing           |
| <input type="checkbox"/> Maintenance & Building Repair    | <input type="checkbox"/> Sisterhood                             | <input type="checkbox"/> Fund Raising                 |
| <input type="checkbox"/> Music – Temple Israel Singers    | <input type="checkbox"/> Brotherhood                            | <input type="checkbox"/> Photography at Temple events |

## Talent and Interest Survey

- |                                      |                                 |                                   |                                    |  |   |  |
|--------------------------------------|---------------------------------|-----------------------------------|------------------------------------|--|---|--|
| <input type="checkbox"/> Cooking     | <input type="checkbox"/> Music  | <input type="checkbox"/> Painting | <input type="checkbox"/> Gardening | <input type="checkbox"/> Electrical        | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Israeli Dancing |
| <input type="checkbox"/> Plumbing    | <input type="checkbox"/> Baking | <input type="checkbox"/> Driving  | <input type="checkbox"/> Carpentry | <input type="checkbox"/> Sewing/Needlework | <input type="checkbox"/> Art              | <input type="checkbox"/> Travel          |
| <input type="checkbox"/> Other _____ |                                 |                                   |                                    |  |   |  |

What are your passions? What are your interests?

### Temple Israel Mission Statement

Temple Israel is a growing Reform Jewish congregation that welcomes all who wish to participate in Jewish worship, study and fellowship. Our mission is to be a center for:

- \* A Jewish experience of tradition and prayer
- \* Lifelong Jewish education
- \* Individual and communal acts of caring
- \* Connecting to Israel and the wider Jewish world

**Applicant 1:** I, \_\_\_\_\_, am applying to become a member of \_\_\_\_\_.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Applicant 2:** I, \_\_\_\_\_, am applying to become a member of \_\_\_\_\_.

Signature \_\_\_\_\_ Date \_\_\_\_\_