

MEMBERSHIP APPLICATION

DATE RECEIVED BY OFFICE: _____

**Temple
Beth
Abraham****Temple Beth Abraham**336 Euclid Avenue
Oakland, CA 94610
(510) 832-0936***HOUSEHOLD INFORMATION******Member A***

Last Name _____

Birth Date: Month _____ Day _____ Year _____

First Name _____

Hebrew Name _____

Occupation: _____

Name of Business: _____

Preferred Email Address for TBA Correspondence: _____

Preferred Phone _____

Member B

Last Name _____

Birth Date: Month _____ Day _____ Year _____

First Name _____

Hebrew Name _____

Occupation: _____

Name of Business: _____

Preferred Email Address for TBA Correspondence: _____

Preferred Phone _____

Residence Address _____**City** _____ **State** _____ **Zip** _____**Marital Status:** Single Married Life Partner Divorced Widowed

If married, date of marriage: Month _____ Day _____ Year _____

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE EXECUTIVE DIRECTOR, RAYNA ARNOLD AT (510) 832-0936x214

Member A

When I was growing up, my family was affiliated with a congregation that was:

Reform Conservative Orthodox None
Non-Jewish—Religion practiced _____

My Religious background as an adult:

Reform Conservative Orthodox None
Non-Jewish—Religion practiced _____

Member B

When I was growing up, my family was affiliated with a congregation that was:

Reform Conservative Orthodox None
Non-Jewish—Religion practiced _____

My Religious background as an adult:

Reform Conservative Orthodox None
Non-Jewish—Religion practiced _____

Prior Synagogue Affiliation _____

City _____

State _____

HELP US GET TO KNOW YOU (please indicate Member A or Member B on all information)

Current Civic Participation:

Please list community organizations of which you are a member. Please check those for which you serve on the Board of Directors (Jewish and Non-Jewish). If you are or have been an officer, please indicate:

What are your hobbies or special talents?

Please list relatives who are now members of Temple Beth Abraham:

Name(s)	Relationship
_____	_____
_____	_____

Please list your friends who are now members of Temple Beth Abraham:

Name(s) _____

Referred By _____

FAMILY INFORMATION

Children residing with you:

Last Name _____ **First Name** _____ **Hebrew Name** _____

Birth Date: Month _____ Day _____ Year _____ Sex: ☐ Male ☐ Female

Current School Grade _____ Name of School _____

Last Name _____ **First Name** _____ **Hebrew Name** _____

Birth Date: Month _____ Day _____ Year _____ Sex: ☐ Male ☐ Female

Current School Grade _____ Name of School _____

Last Name _____ **First Name** _____ **Hebrew Name** _____

Birth Date: Month _____ Day _____ Year _____ Sex: ☐ Male ☐ Female

Current School Grade _____ Name of School _____

Children not residing with you:

Name _____ Birth Date _____

Spouse Name _____ Birth Date _____

Congregational Affiliation _____

Address _____ City _____

State _____ Zip _____ Phone _____ Email _____

Name _____ Birth Date _____

Spouse Name _____ Birth Date _____

Congregational Affiliation _____

Address _____ City _____

State _____ Zip _____ Phone _____ Email _____

Name _____ Birth Date _____

Spouse Name _____ Birth Date _____

Congregational Affiliation _____

Address _____ City _____

State _____ Zip _____ Phone _____ Email _____

Yahrzeit (Anniversary of Death)

Please list names and dates of death of those for whom you wish notices sent:

Name	Relationship	Date and Year of Death	Hebrew Date and Year of Death

We look forward to greeting you and getting to know you