

## New Membership information

**ADULT MEMBER**

**ADULT MEMBER**

Full Name, including title (Mr., Mrs., Ms., Dr.)		
Maiden Name		
Hebrew Name		
Informal Name		
Address		
City, State, Zip		
Home Phone Unlisted <input type="checkbox"/> Yes <input type="checkbox"/> No	(    )	(    )
Cell Phone	(    )	(    )
Email Address		
Birth Month/Day/Year		
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partnered <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partnered <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced
Month/Day/Year of Marriage		
Organizations of which you are a member, e.g. Jewish, Civic, Professional		
How long have you lived in the Omaha area?		
Religious Status	<input type="checkbox"/> Jewish by Birth <input type="checkbox"/> Jewish by Choice <input type="checkbox"/> Not Jewish	<input type="checkbox"/> Jewish by Birth <input type="checkbox"/> Jewish by Choice <input type="checkbox"/> Not Jewish
Jewish Background	<input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Other _____	<input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Other _____
Name and location of previous congregation		
Do you presently belong to another religious institution? If yes, name and location		
Please check all that apply to you and fill in date	<input type="checkbox"/> B'nai Mitzvah _____ <input type="checkbox"/> Confirmation _____ <input type="checkbox"/> Jewish Day School _____ <input type="checkbox"/> High School/College Jewish Studies _____	<input type="checkbox"/> B'nai Mitzvah _____ <input type="checkbox"/> Confirmation _____ <input type="checkbox"/> Jewish Day School _____ <input type="checkbox"/> High School/College Jewish Studies _____

**ADULT MEMBER**

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Undergraduate and/or Graduate Degree / Discipline of Degree		
Occupation	_____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	_____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Name of Business		
Business Address		
Business City/State/Zip		
Business Phone	(    )	(    )
Retired?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p align="center"><b>The Gifts of Talent</b></p> <p><i>Temple Israel utilizes the talents of its members in ministering to its congregation and community. In order to sustain the growth of our congregation, the talent of our congregation must be applied through combined effort. Please help us by identifying your unique gifts:</i></p>	<input type="checkbox"/> Audio/visual production <input type="checkbox"/> Artists Carpentry/construction/painting <input type="checkbox"/> Computer hardware & software support <input type="checkbox"/> Culinary skills <input type="checkbox"/> Educators <input type="checkbox"/> Financial, insurance & legal <input type="checkbox"/> Instrumental & vocal music skills <input type="checkbox"/> Legal <input type="checkbox"/> Marketing <input type="checkbox"/> Medical <input type="checkbox"/> Personnel & business management <input type="checkbox"/> Photography <input type="checkbox"/> Web site development <input type="checkbox"/> Other _____	<input type="checkbox"/> Audio/visual production <input type="checkbox"/> Artists Carpentry/construction/painting <input type="checkbox"/> Computer hardware & software support <input type="checkbox"/> Culinary skills <input type="checkbox"/> Educators <input type="checkbox"/> Financial, insurance & legal <input type="checkbox"/> Instrumental & vocal music skills <input type="checkbox"/> Legal <input type="checkbox"/> Marketing <input type="checkbox"/> Medical <input type="checkbox"/> Personnel & business management <input type="checkbox"/> Photography <input type="checkbox"/> Web site development <input type="checkbox"/> Other _____

**CHILD INFORMATION**

**(Please include Adult Children; Continued on next page)**

Child's Full Name First, Middle, Last	Religious School Grade	Public School Grade	Year in College	Sex M/F	Date of Birth	Bar/Bat Mitzvah Date	Confirmation Year	Living at Home? Y or N
1.								

Hebrew Name: \_\_\_\_\_

School / District \_\_\_\_\_

Child's Cell Phone: \_\_\_\_\_

Child's email: \_\_\_\_\_

2.								
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Hebrew Name: \_\_\_\_\_

School / District \_\_\_\_\_

Child's Cell Phone: \_\_\_\_\_

Child's email: \_\_\_\_\_

3.								
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Hebrew Name: \_\_\_\_\_

School / District \_\_\_\_\_

Child's Cell Phone: \_\_\_\_\_

Child's email: \_\_\_\_\_

4.								
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Hebrew Name: \_\_\_\_\_

School / District \_\_\_\_\_

Child's Cell Phone: \_\_\_\_\_

Child's email: \_\_\_\_\_

**Please list the names of any relatives who are members of Temple Israel.**

Relative

Relationship to (which) member

Relative	Relationship to (which) member

**Yahrzeits Observed**

Full Name

Relationship to  
(which) member

English Date  
of Death

Temple  
Plaque?  
Y or N

Full Name	Relationship to (which) member	English Date of Death	Temple Plaque? Y or N

Yahrzeit names listed for which there is a Temple Israel memorial plaque will automatically be read on the appropriate date; you will receive a postcard a week prior to the date. For names listed above with no memorial plaque, please contact the Temple Israel office each year, 556-6536, to have the name read. If you would like to inquire about purchasing a memorial plaque, please contact the office.

*Remember to notify the Temple Israel office of any pertinent changes.*

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Signature

Date

## **Questions for New Members:**

**1. Where are you/your spouse from? How long ago did you move to Omaha (if you haven't lived here all your life) and what brought you here?**

**2. What's something especially interesting about you and your spouse or family such as a hobby, past-time, what you like to do in your spare time, something about where you've lived or your career, pets?**

**5. Please send a picture of you/your family as an attachment to Temple Israel's Director of Communications Cassandra Hicks Weisenburger, [chicks@templeisraelomaha.com](mailto:chicks@templeisraelomaha.com). Otherwise, please bring a photo to Temple Israel indicating that it's for the temple newsletter. We will return the photo to you. If you have any questions, please contact Cassandra, 402-556-5636.**

**Thank you.**