



Temple Emanu-El
 809 4th Ave., Tuscaloosa, AL 35401
 Email: templemanuel.tuscaloosa.com
 Phone: 759-3032 Fax: 759-3131

Membership Information

Welcome to Temple Emanu-El. We are delighted you have chosen to become a part of our community. Please call the synagogue office or email us if you have any questions or need assistance. We look forward to getting to know you and hope your experience with Temple Emanu-El will be positive.

Personal Information:

	Adult Applicant 1 _____ male female	Adult Applicant 2 _____ male female
Full Name(s)	_____ ___ Mr. ___ Mrs. ___ Ms. ___ Dr. ___ Other:	_____ ___ Mr. ___ Mrs. ___ Ms. ___ Dr. ___ Other:
Nickname or preferred name(s)		
Personal Status	___ Single ___ married _____ (date) ___ other	___ Single ___ married _____ (date) ___ other
Birthdate(s) (year is optional)		
Newcomers only: former congregation, city, state		
Special Accommodations needed? If yes, please state what they are. <i>Example: Need large print siddur</i>		
Hebrew name (If you do not have one, please tell us if you would like one).		

Names, birthdates, and school grades of children in household	
I (we) are interested in receiving information about	___ Religious School ___ Adult Education ___ WRJ Sisterhood ___ Men's Club ___ Pending B'nai Mitzvah ___ Conversion ___ Temple governance ___ Other:

PLEASE SEE OVER

Contact Information:

Name(s) _____

Street/City/zip: _____

Mailing Address if different: _____

Home phone: _____ Office phone(s) _____

Cell phone (applicant 1) _____ Cell phone (applicant 2) _____

Email (applicant 1) _____ Email (applicant 2) _____

I would like to receive synagogue communications via email. _____ (applicant 1) _____ (applicant 2)

Professional Information

	Adult Applicant 1	Adult Applicant 2
Occupation/Title		
Employer/ retired		

Yahrzeit Information

Name:	Date of Death (before/after sundown) <small>(Specify if date is from secular or Hebrew calendar)</small>	Family Relationship	Name is on a Temple Emanu-El Memorial Plaque (yes/no)

Please attach a separate sheet for additional names.

_____ Request information about memorial plaques at Temple Emanu-El

Emergency Contacts (example: adult children)

Name	City/State	Phone(s)

Please take a moment to let us know in which areas of Temple Emanu-El you would be willing to volunteer your time and talents. If there are two adult Temple members in your household, please respond for each of you. Names: Applicant 1 _____ Applicant 2 _____

Participation:	#1	#2
Sisterhood	<input type="checkbox"/>	<input type="checkbox"/>
Men's Club	<input type="checkbox"/>	<input type="checkbox"/>
Leading Services	<input type="checkbox"/>	<input type="checkbox"/>
Adult Education	<input type="checkbox"/>	<input type="checkbox"/>
Temple Board	<input type="checkbox"/>	<input type="checkbox"/>

Assisting with Events		
Holiday onegs/ special events	<input type="checkbox"/>	<input type="checkbox"/>
Library	<input type="checkbox"/>	<input type="checkbox"/>
Providing transportation	<input type="checkbox"/>	<input type="checkbox"/>
Fundraising events	<input type="checkbox"/>	<input type="checkbox"/>

Serving on Temple Committees		
Adult Education	<input type="checkbox"/>	<input type="checkbox"/>
Bulletin	<input type="checkbox"/>	<input type="checkbox"/>
Cemetery	<input type="checkbox"/>	<input type="checkbox"/>
Decorating for events	<input type="checkbox"/>	<input type="checkbox"/>
Fund Raising	<input type="checkbox"/>	<input type="checkbox"/>
Membership	<input type="checkbox"/>	<input type="checkbox"/>
Religious School	<input type="checkbox"/>	<input type="checkbox"/>
Social Action/Social Justice	<input type="checkbox"/>	<input type="checkbox"/>
Website	<input type="checkbox"/>	<input type="checkbox"/>
Hospitality	<input type="checkbox"/>	<input type="checkbox"/>

Professional Skills, Talents, and Interests		
Certified Educator	<input type="checkbox"/>	<input type="checkbox"/>
Cooking/Baking	<input type="checkbox"/>	<input type="checkbox"/>
Music	<input type="checkbox"/>	<input type="checkbox"/>
Painting/Art	<input type="checkbox"/>	<input type="checkbox"/>
Gardening	<input type="checkbox"/>	<input type="checkbox"/>
Carpentry	<input type="checkbox"/>	<input type="checkbox"/>
Travel	<input type="checkbox"/>	<input type="checkbox"/>
Knitting /Sewing	<input type="checkbox"/>	<input type="checkbox"/>
Israeli/other Folk Dancing	<input type="checkbox"/>	<input type="checkbox"/>
Photography	<input type="checkbox"/>	<input type="checkbox"/>
Public Relations	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please tell us!)	<input type="checkbox"/>	<input type="checkbox"/>

Volunteering	#1	#2
Baking	<input type="checkbox"/>	<input type="checkbox"/>
Choir	<input type="checkbox"/>	<input type="checkbox"/>
Community outreach		
Meals on Wheels	<input type="checkbox"/>	<input type="checkbox"/>
Caring Days	<input type="checkbox"/>	<input type="checkbox"/>
Turning Point	<input type="checkbox"/>	<input type="checkbox"/>
WA Food Bank	<input type="checkbox"/>	<input type="checkbox"/>
Sisterhood Gift Shop	<input type="checkbox"/>	<input type="checkbox"/>
Temple Historian	<input type="checkbox"/>	<input type="checkbox"/>
Hospital Visitation	<input type="checkbox"/>	<input type="checkbox"/>
Library	<input type="checkbox"/>	<input type="checkbox"/>
Parking on Game Days	<input type="checkbox"/>	<input type="checkbox"/>
Religious School volunteer	<input type="checkbox"/>	<input type="checkbox"/>
Technology support	<input type="checkbox"/>	<input type="checkbox"/>
Telephone Tree (Sisterhood)	<input type="checkbox"/>	<input type="checkbox"/>
Typing / editing	<input type="checkbox"/>	<input type="checkbox"/>
Youth Group	<input type="checkbox"/>	<input type="checkbox"/>
Other (as needed)	<input type="checkbox"/>	<input type="checkbox"/>

Would you be interested in presenting a program in your area of professional expertise?