



**Temple Emanu-El**  
 809 4<sup>th</sup> 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:**

	<b>Adult Applicant 1</b> _____ <b>male      female</b>	<b>Adult Applicant 2</b> _____ <b>male      female</b>
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**

	<b>Adult Applicant 1</b>	<b>Adult Applicant 2</b>
Occupation/Title		
Employer/ retired		

**Yahrzeit Information**

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

Please attach a separate sheet for additional names.

\_\_\_\_\_ Request information about memorial plaques at Temple Emanu-El

**Emergency Contacts (example: adult children)**

<b>Name</b>	<b>City/State</b>	<b>Phone(s)</b>

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 \_\_\_\_\_

<b>Participation:</b>	<b>#1</b>	<b>#2</b>
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"/>

<b>Assisting with Events</b>		
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"/>

<b>Serving on Temple Committees</b>		
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"/>

<b>Professional Skills, Talents, and Interests</b>		
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"/>

<b>Volunteering</b>	<b>#1</b>	<b>#2</b>
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?