



# Temple Beth Shalom

193 EAST MOUNT PLEASANT AVENUE  
LIVINGSTON, NEW JERSEY 07039-3199  
(973) 992-3600 • FAX (973) 992-7087  
www.tbsnj.org

Welcome to Temple Beth Shalom of Livingston. We are very happy that you have decided to join our family, and we want you to know that we would be delighted to have you become part of any or all of the many activities that are available to you.

The information you give us on this application will remain strictly confidential, but the information will also help us provide the kind of services you and your family need.

Should you have any questions please call our clergy or the executive director and we will be glad to help.

Baruch Habah, V'Shalom.

## I. MEMBER 1 (Please Print Clearly)

Full Name \_\_\_\_\_  
Last Name First Name Middle Name Title Nickname

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Marital Status  Married \_\_\_\_/\_\_\_\_/\_\_\_\_  Divorced  Widowed  Single  
Month Day Year Wedding Date

Hebrew Name \_\_\_\_\_  Kohen  Levi  Israelite

Father's Hebrew Name \_\_\_\_\_ Mother's Hebrew Name \_\_\_\_\_

Number of Years in Area \_\_\_\_\_ Prior Congregational Affiliation and Dates \_\_\_\_\_

Occupation \_\_\_\_\_ Name of Firm \_\_\_\_\_

Business Address \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_

Business Email \_\_\_\_\_ Business Fax (\_\_\_\_) \_\_\_\_\_

## II. MEMBER 2

Full Name \_\_\_\_\_  
Last Name First Name Middle Name Title Nickname

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_  
Month Day Year

Email Address \_\_\_\_\_

Hebrew Name \_\_\_\_\_  Kohen  Levi  Israelite

Father's Hebrew Name \_\_\_\_\_ Mother's Hebrew Name \_\_\_\_\_

Occupation \_\_\_\_\_ Name of Firm \_\_\_\_\_

Business Address \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_

Business Email \_\_\_\_\_ Business Fax (\_\_\_\_) \_\_\_\_\_

**III. DEPENDENT CHILDREN**

	English Name	Hebrew Name	Sex	Date of Birth	School Grade
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

**IV. TEMPLE BETH SHALOM MEMBERS WHO ARE YOUR RELATIVES**

	Name	Relationship
1.	_____	_____
2.	_____	_____

**V. EMERGENCY CONTACT**

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Name	Phone Number	Relationship
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**VI. YAHRZEIT RECORDS**

- Name of Deceased \_\_\_\_\_  
Relationship and To Whom \_\_\_\_\_  
English Date of Death \_\_\_\_\_ Before or After Sundown? \_\_\_\_\_ Hebrew Date of Death \_\_\_\_\_
- Name of Deceased \_\_\_\_\_  
Relationship and To Whom \_\_\_\_\_  
English Date of Death \_\_\_\_\_ Before or After Sundown? \_\_\_\_\_ Hebrew Date of Death \_\_\_\_\_
- Name of Deceased \_\_\_\_\_  
Relationship and To Whom \_\_\_\_\_  
English Date of Death \_\_\_\_\_ Before or After Sundown? \_\_\_\_\_ Hebrew Date of Death \_\_\_\_\_
- Name of Deceased \_\_\_\_\_  
Relationship and To Whom \_\_\_\_\_  
English Date of Death \_\_\_\_\_ Before or After Sundown? \_\_\_\_\_ Hebrew Date of Death \_\_\_\_\_
- Name of Deceased \_\_\_\_\_  
Relationship and To Whom \_\_\_\_\_  
English Date of Death \_\_\_\_\_ Before or After Sundown? \_\_\_\_\_ Hebrew Date of Death \_\_\_\_\_

## VII. CONGREGATIONAL ACTIVITIES

Your involvement in our Congregational activities would serve our mutual interest. Below is a list of areas of interest and activities. Please check items of interest to you.

	<b>MEMBER 1</b>	<b>MEMBER 2</b>
<b>COMMITTEES</b>		
Adult Education (TBS University)	_____	_____
Bikur Cholim	_____	_____
Board of Education	_____	_____
Bulletin	_____	_____
Chavurah	_____	_____
College Connection	_____	_____
Family Education	_____	_____
Finance and Budget	_____	_____
Fundraising	_____	_____
House and Decoration	_____	_____
Israel Affairs	_____	_____
Jewish War Veterans	_____	_____
Journal / Dinner Dance	_____	_____
Landscaping	_____	_____
Library	_____	_____
Membership	_____	_____
Minyan – Daily morning & evening	_____	_____
Publicity	_____	_____
Ritual	_____	_____
Social Action	_____	_____
Youth Activities	_____	_____
Young Couples	_____	_____
<b>AUXILIARIES</b>		
Sisterhood	_____	_____
Men's Club	_____	_____
PTA	_____	_____

Temple activities and interests (prior or current); other activities (e.g. office help, volunteering, etc.); special interests, skills or hobbies: [indicate which member please]

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Suggestions or comments:

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## VIII. GRADUATED DUES AND GENERATION TO GENERATION ENDOWMENT FUND

The Graduated Dues and Generation to Generation Endowment Fund programs are a unique and voluntary increased commitment to Temple. Please see our Executive Director for further information.

## IX. WHAT PROMPTED YOU TO JOIN OUR TEMPLE?

Relatives or Friends \_\_\_\_\_  
Names

Pre-School \_\_\_\_\_ Religious School \_\_\_\_\_ Membership Programs \_\_\_\_\_ Advertising \_\_\_\_\_

Other \_\_\_\_\_  
Please explain

I/We hereby apply for membership to Temple Beth Shalom. I/We agree to abide by the rules and regulations as specified in the Constitution and By-Laws. I/We further agree to assume all proper financial obligations for dues, tuitions, pledges and assessments, if any, as properly assessed by Temple Beth Shalom. **Our membership remains valid unless we notify the Temple office in writing of our intention to terminate membership.**

Our fiscal year begins July 1 and ends June 30. All obligations (dues, building fund, etc.) are due by December 30. A deposit is due with the completed application as per our financial policy.

Applications are subject to approval of the Board of Trustees. It is recommended that the new member family retain a copy of this application for its records.

\_\_\_\_\_  
Member 1 Signature Date

\_\_\_\_\_  
Member 2 Signature Date

\_\_\_\_\_  
Executive Director or Temple Official Signature Date

### FOR OFFICE USE ONLY

Membership Type \_\_\_\_\_ Date Application Received \_\_\_\_\_

Dues \$ \_\_\_\_\_ Amount Received \$ \_\_\_\_\_

Building Fund \$ \_\_\_\_\_ Amount Received \$ \_\_\_\_\_