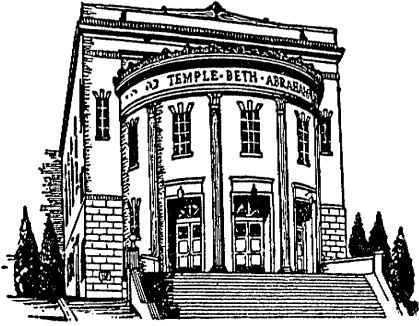


MEMBERSHIP APPLICATION

DATE RECEIVED BY OFFICE: _____



Temple Beth Abraham

336 Euclid Avenue
Oakland, CA 94610
(510) 832-0936

HOUSEHOLD INFORMATION

Member A
Last Name _____
First Name _____
Hebrew Name _____
Birth Date: Month _____ Day _____ Year _____
Business Phone () _____
Mr. Ms. Mrs. Dr. Other _____
Type of Business _____

Occupation _____
Firm Name _____
Business Address _____
City _____ State _____ Zip _____
Email Address _____
Mobile Phone () _____
Fax () _____

Member B
Last Name _____
First Name _____
Hebrew Name _____
Birth Date: Month _____ Day _____ Year _____
Business Phone () _____
Mr. Ms. Mrs. Dr. Other _____
Type of Business _____

Occupation _____
Firm Name _____
Business Address _____
City _____ State _____ Zip _____
Email Address _____
Mobile Phone () _____
Fax () _____

Residence Address

City _____ State _____ Zip _____
Home Phone () _____ Fax () _____ Home e-mail _____

Marital Status: Single Married Life Partner Divorced Widowed
If married, date of marriage: Month _____ Day _____ Year _____

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE TEMPLE ADMINISTRATOR, ART ROSENBERG AT (510) 832-0936.

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 _____

Referred By _____

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)

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 |
|-------------|---------------------|-------------------------------|--------------------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

FOR OFFICE USE ONLY

Date of Board Acceptance _____

Account # _____

Data Entered: _____

Accounting: _____

Exec. Director: _____

Membership Director: _____