



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

HOUSEHOLD INFORMATION

1.) *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 () _____

2.) *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 EXECUTIVE DIRECTOR, RAYNA ARNOLD AT (510) 832-0936 x214

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_____

HELP US GET TO KNOW YOU

(Please indicate Member A or Member B)

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) _____

Referred By_____

FAMILY INFORMATION

Children residing with you:

1.) Last Name_____ First Name_____

Hebrew Name_____

Birth Date: Month_____Day_____Year_____ Sex: Male Female

Current School Grade_____ Name of School_____

2.) Last Name_____ First Name_____

Hebrew Name_____

Birth Date: Month _____ Day _____ Year _____

Sex: Male Female

Current School Grade _____ Name of School _____

3.) 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** _____

Yahrzeit (Anniversary of Death)

PLEASE LIST NAMES AND DATES OF DEATH OF THOSE FOR WHOM YOU WISH TO RECEIVE A NOTICE EACH YEAR

| Name | Relationship | Date and Year of Death | Hebrew Date and Year of Death |
|-------------|---------------------|-------------------------------|--------------------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

We are thrilled that you have chosen TBA as your new spiritual home. We look forward to greeting to know you and having many years of a fulfilling relationship.

FOR OFFICE USE ONLY

Date of Board Acceptance _____

Account # _____

Data Entered: _____ Accounting: _____

Exec. Director: _____

Membership Director: _____