



Temple Ner Tamid Membership Application.

368 Lowell Street, Peabody, MA 01960
978-532-1293 • office@templenertamid.org • www.templenertamid.org

Welcome to the Ner Tamid family! We wish to involve you in the many activities we offer and ask that you to complete this application so we can better understand and serve your needs.

Adult Member #1

Name (Title, First, Middle, Last)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth
Home Address		Home Phone	
City, State, Zip	Email		
Complete Hebrew Name Ben/Bat _____		Mobile Phone	
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated		Date of Marriage	
Religious Background <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Reform <input type="checkbox"/> Converted to Judaism <input type="checkbox"/> Other		If you have converted to Judaism, by whom, when and where?	
Prior Congregational Memberships (Name and City)		Are you a previous member of TNT? If so when?	
Occupation, Employer, Work Address, Work Phone			
Is anyone in your family related to anyone in the Temple (member, professional staff, clergy)?			
Who is to be contacted in case of emergency when you can not be reached for either yourself, your spouse or your children? Please give names, relationships (friend, family), phone numbers and whatever other relevant information you feel the Temple should have.			
2nd Address (include City, State, Zip)		Dates 2 nd address From-To	

Adult #1

Do you read Hebrew? <input type="checkbox"/> Yes <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/> No	Can you chant? <input type="checkbox"/> Torah <input type="checkbox"/> Haftorah <input type="checkbox"/> Are you interested in learning
Are there any physical limitations of which we should be aware?	
Please tell us the special skills, professional expertise and interests that you can offer as a volunteer in the Temple community.	
We have many committees, organizations, and programs available for you to contribute and be involved with. Please indicate your interests.	
Committees <input type="checkbox"/> Adult Education <input type="checkbox"/> Budget & Finance <input type="checkbox"/> Family Education <input type="checkbox"/> Fundraising <input type="checkbox"/> House <input type="checkbox"/> Membership <input type="checkbox"/> Ritual <input type="checkbox"/> Religious School <input type="checkbox"/> Social <input type="checkbox"/> Social Action/Mitzvah	
Organizations <input type="checkbox"/> Men's Club <input type="checkbox"/> Sisterhood <input type="checkbox"/> United Synagogue Youth	

(OVER)

Temple Ner Tamid is an egalitarian, multigenerational synagogue-community which strives to be a center for its members to worship, learn, socialize and grow within the framework of Conservative Judaism.

Temple Ner Tamid Membership Application

Adult Member #2

Name (Title, First, Middle, Last) ...Include Last Name even if Same	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth
Complete Hebrew Name Ben/Bat _____		Mobile Phone
Religious Background <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Reform <input type="checkbox"/> Converted to Judaism <input type="checkbox"/> Other		If you have converted to Judaism, by whom, when and where?
Occupation, Employer, Work Address, Work Phone		

Adult #2

Do you read Hebrew? <input type="checkbox"/> Yes <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/> No	Can you chant? <input type="checkbox"/> Torah <input type="checkbox"/> Haftorah <input type="checkbox"/> Are you interested in learning
Are there any physical limitations of which we should be aware?	
Please tell us the special skills, professional expertise and interests that you can offer as a volunteer in the Temple community.	
We have many committees, organizations, and programs available for you to contribute and be involved with. Please indicate your interests. Committees <input type="checkbox"/> Adult Education <input type="checkbox"/> Budget & Finance <input type="checkbox"/> Family Education <input type="checkbox"/> Fundraising <input type="checkbox"/> House <input type="checkbox"/> Membership <input type="checkbox"/> Ritual <input type="checkbox"/> Religious School <input type="checkbox"/> Social <input type="checkbox"/> Social Action/Mitzvah Organizations <input type="checkbox"/> Men's Club <input type="checkbox"/> Sisterhood <input type="checkbox"/> United Synagogue Youth	

Yahrzeits

Name (First, Middle, Last)	Relationship	Temple Plaque? <input type="checkbox"/> No <input type="checkbox"/> Yes	Yahrzeit Date (Day, Month, Year) Hebrew or English
Name (First, Middle, Last)	Relationship	Temple Plaque? <input type="checkbox"/> No <input type="checkbox"/> Yes	Yahrzeit Date (Day, Month, Year) Hebrew or English

All family members (Jewish and non-Jewish) are invited to all religious, social, and educational functions and may participate in Temple committees. However, serving as an officer or Trustee of the synagogue, and certain ritual roles are reserved for Jewish members. For further information, please contact the rabbi or the membership chairperson.

In making application for membership to Temple Ner Tamid, we pledge to uphold the Temple's bylaws and regulations, and agree to make timely payments of all dues and fees as determined by the Board of Directors. New Temple members are provided free first year memberships in our Men's Club and Sisterhood.

Signature: _____ Date: _____

Signature: _____ Date: _____

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Temple Ner Tamid Membership Application
Child 1 (Living at home through College)

Name (First, Middle, Last)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth
Complete Hebrew Name _____ Ben/Bat _____		
Public/Private School Name	Grade	Religious School Background
What, if any, are the health concerns, medications, or special educational concerns of which the school should be aware of. This will be kept confidential.		
If the child was not born Jewish, has the child been converted to Judaism and if so by whom, when and where?		
Please indicate Temple Youth programs of interest <input type="checkbox"/> Kadima (Grades 5-7) <input type="checkbox"/> Junior USY (Grades 6-8) <input type="checkbox"/> Senior USY (Grade 9-12)		

This child has my permission to participate in all religious school sponsored activities and outings. Temple Ner Tamid and its designated staff may authorize medical treatment in cases of emergency.

Signature: _____ Date: _____

Child 2 (Living at home through College)

Name (First, Middle, Last)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth
Complete Hebrew Name _____ Ben/Bat _____		
Public/Private School Name	Grade	Religious School Background
What, if any, are the health concerns, medications, or special educational concerns of which the school should be aware of. This will be kept confidential.		
If the child was not born Jewish, has the child been converted to Judaism and if so by whom, when and where?		
Please indicate Temple Youth programs of interest <input type="checkbox"/> Kadima (Grades 5-7) <input type="checkbox"/> Junior USY (Grades 6-8) <input type="checkbox"/> Senior USY (Grade 9-12)		

This child has my permission to participate in all religious school sponsored activities and outings. Temple Ner Tamid and its designated staff may authorize medical treatment in cases of emergency.

Signature: _____ Date: _____

(OVER)

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Temple Ner Tamid Membership Application
Child 3 (Living at home through College)

Name (First, Middle, Last)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth
Complete Hebrew Name _____ Ben/Bat _____		
Public/Private School Name	Grade	Religious School Background
What, if any, are the health concerns, medications, or special educational concerns of which the school should be aware of. This will be kept confidential.		
If the child was not born Jewish, has the child been converted to Judaism and if so by whom, when and where?		
Please indicate Temple Youth programs of interest <input type="checkbox"/> Kadima (Grades 5-7) <input type="checkbox"/> Junior USY (Grades 6-8) <input type="checkbox"/> Senior USY (Grade 9-12)		

This child has my permission to participate in all religious school sponsored activities and outings. Temple Ner Tamid and its designated staff may authorize medical treatment in cases of emergency.

Signature: _____ Date: _____

Child 4 (Living at home through College)

Name (First, Middle, Last)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth
Complete Hebrew Name _____ Ben/Bat _____		
Public/Private School Name	Grade	Religious School Background
What, if any, are the health concerns, medications, or special educational concerns of which the school should be aware of. This will be kept confidential.		
If the child was not born Jewish, has the child been converted to Judaism and if so by whom, when and where?		
Please indicate Temple Youth programs of interest <input type="checkbox"/> Kadima (Grades 5-7) <input type="checkbox"/> Junior USY (Grades 6-8) <input type="checkbox"/> Senior USY (Grade 9-12)		

This child has my permission to participate in all religious school sponsored activities and outings. Temple Ner Tamid and its designated staff may authorize medical treatment in cases of emergency.

Signature: _____ Date: _____

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