

Date \_\_\_\_\_

**FAMILY HISTORY  
TEMPLE BETH TIKVAH  
MADISON, CONNECTICUT**

**MEMBERSHIP CATEGORY:** ( ) Individual ( ) Family ( ) Single Parent

**NAME 1.** \_\_\_\_\_

**2.** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**OCCUPATION 1.** \_\_\_\_\_

**Bus. Address** \_\_\_\_\_ **Bus. Phone** \_\_\_\_\_

**OCCUPATION 2.** \_\_\_\_\_

**Bus. Address** \_\_\_\_\_ **Bus. Phone** \_\_\_\_\_

<b>CHILDREN</b>	<b>Name</b>	<b>Date of Birth</b>	<b>Hebrew Name</b>

**RELIGIOUS BACKGROUND AND EDUCATION**

(please list all adults in household)

<u>Name</u>	<u>(Adult)</u>	<u>Religion</u>	<u>Religious Education (what grades)</u>	<u>Life-Cycle Ceremonies*</u>

(Child)

\* Naming, Bar/Bat Mitzvah, Confirmation (if adult is not Jewish, name life cycle ceremonies of respective faith system)

Previous Synagogue Affiliation (if yes, how long and name of synagogue) \_\_\_\_\_

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Previous Affiliation With Another House Of Worship (if yes, name of religious institution)

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If an adult member of your household is not Jewish, does he/she participate in another House of Worship? Yes \_\_\_\_\_ No \_

(If yes, please tell us the name of that House of Worship: \_\_\_\_\_)

Are there extended family members who are not Jewish (grandparents, aunts, uncles)?

Yes \_\_ No \_\_\_\_

(If yes, which extended family members \_\_\_\_\_)

Temple Beth Tikvah affirms the importance of Patrilineal descent. We look forward to working with your family to help both adults and children strengthen their religious identity. Children who attend Temple Beth Tikvah Religious School cannot also attend Religious School in another faith system.

Do you understand that this policy is the basis of a child's admittance to the Temple Beth Tikvah Religious School?

Yes \_\_ No \_\_\_\_

Would you and your family like to meet with the Rabbi to discuss aspects of membership in Temple Beth Tikvah?

Yes \_\_ No \_\_\_\_

**HEBREW NAMES OF FAMILY MEMBERS:**

English Name

Hebrew Name

(include mother's & father's Hebrew name)

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**YAHREZEITS**

<b>Name</b>	<b>Relationship</b>	<b>Month, Day, and Year</b>	<b>Hebrew Name (if known)</b>
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**TEMPLE ACTIVITIES ABOUT WHICH YOU WOULD LIKE INFORMATION**

<b>Adult Studies</b>	<b>( )</b>	<b>Programs</b>	<b>( )</b>
<b>Advertising</b>	<b>( )</b>	<b>Religious Practice</b>	<b>( )</b>
<b>Community Relations</b>	<b>( )</b>	<b>Religious School</b>	<b>( )</b>
<b>Education Committee</b>	<b>( )</b>	<b>Sisterhood</b>	<b>( )</b>
<b>Fund Raising</b>	<b>( )</b>	<b>Social Justice</b>	<b>( )</b>
<b>Membership</b>	<b>( )</b>	<b>Youth Activities</b>	<b>( )</b>
<b>Nursery School</b>	<b>( )</b>	<b>Men's Club</b>	<b>( )</b>
<b>Budget &amp; Finance</b>	<b>( )</b>	<b>Library Committee</b>	<b>( )</b>

**SPECIAL INTERESTS AND SKILLS** \_\_\_\_\_

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Would you like to be included on the synagogue-members-only website which is an electronic bulletin board that can only be accessed by synagogue members? \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

If family membership, please tell us couple's anniversary date (include year):

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