



**MEMBERSHIP REGISTRATION**

**514 MAIN STREET \* HAVERHILL, MA 01830 \* 978-373-3861**

Temple Emanu-El In Haverhill, Ma • [WWW.TempleEmanu-El.Org](http://WWW.TempleEmanu-El.Org) • <https://twitter.com/TempleEmanuLHav>

**MARITAL STATUS:**  MARRIED  SINGLE  DIVORCED  SEPARATED

**FIRST ADULT:** \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Last First

HEBREW NAME: (in English): \_\_\_\_\_

**SECOND ADULT:** \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Last First

HEBREW NAME: (in English): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

FIRST ADULT CELL PHONE: \_\_\_\_\_ SECOND ADULT CELL PHONE: \_\_\_\_\_

FIRST ADULT EMAIL ADDRESS: \_\_\_\_\_ SECOND ADULT EMAIL ADDRESS: \_\_\_\_\_

**FIRST ADULT EMPLOYER OR BUSINESS:** \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ WORK FAX: \_\_\_\_\_ WORK EMAIL: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

**SECOND ADULT EMPLOYER OR BUSINESS:** \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ WORK FAX: \_\_\_\_\_ WORK EMAIL: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

**SPECIAL INTEREST:** \_\_\_\_\_

**TALENTS:** \_\_\_\_\_

- COMMITTEE INTEREST:**  ADULT ED  CHESED  FUNDRAISING  HOUSE  INVESTMENT  PTO  
 MEMBERSHIP  OUTREACH  RELIGIOUS PRACTICE  RELIGIOUS SCHOOL  RENOVATIONS  
 SECURITY  SOCIAL  SOCIAL ACTION  YOUTH

**CHILDREN CURRENTLY LIVING IN HOUSEHOLD:**

**ENGLISH NAME**

**HEBREW NAME**  
(PRINT IN ENGLISH)

**DATE OF BIRTH**

**ENGLISH GRADE**

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**Yahrzeits: (TO BE RECORDED AND NOTICES TO BE SENT ANNUALLY)**

**DECEASED'S NAME**

**MEMBER'S NAME**

**RELATIONSHIP  
TO DECEASED**

**DATE OF DEATH**

**DEATH, BEFORE OR  
AFTER SUNDOWN?**

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**PREVIOUS SYNAGOGUE AFFILIATION:**

NAME OF TEMPLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**AGREEMENTS**

I GIVE PERMISSION TO PUBLISH MY NAME, ADDRESS, TELEPHONE NUMBER, AND EMAIL ADDRESS IN THE TEMPLE COMMUNITY DIRECTORY.

I DO NOT GIVE PERMISSION TO PUBLISH MY NAME, ADDRESS, TELEPHONE NUMBER, AND EMAIL ADDRESS IN THE TEMPLE COMMUNITY DIRECTORY.

I GIVE PERMISSION TO PUBLISH MY OR MY FAMILIES PHOTO(S) ON THE TEMPLE WEBSITE, BULLETIN AND FACEBOOK.

I DO NOT GIVE PERMISSION TO PUBLISH MY OR MY FAMILIES PHOTO(S) ON THE TEMPLE WEBSITE, BULLETIN AND FACEBOOK.

**AS A MEMBER OF TEMPLE EMANU-EL, I AGREE TO PAY FOR THE SUPPORT AND MAINTENANCE OF THE TEMPLE THROUGH DUES, AND FEES AND THROUGH FUNDRAISING AS DETERMINED BY THE BOARD OF DIRECTORS, AND AS AGREED TO BY THE DUES COMMITTEE AND MYSELF.**

Signed: \_\_\_\_\_

Date: \_\_\_\_\_