

TEMPLE OR ELOHIM, A COMMUNITY REFORM CONGREGATION

18 Tobie Lane, Jericho, NY 11753 * (516) 433-9888 * www.templeorelohim.com

MEMBERSHIP FORM 2023-2024

In an effort to include all relevant information in our computer system, please fill in as many of the requested details as possible within this form. Your business information is optional. Please be sure to list the anniversary dates of your deceased family members so you can be notified of their Yahrzeit dates.

Please be assured that we keep all congregants' personal information secured and confidential.

All mailings will be sent to your main address listed. If you are not at the same address all year round, please inform us and we can arrange to have your mail sent to an alternate address.

If you'd like to contact individuals at the temple, please call the main temple number at (516) 433-9888 and select the applicable extension:

Main Office	ext. 14	Cantor David Katz	ext. 12
Finance Office	ext. 13	Deborah Tract, Director of Lifelong Learning	ext. #15
School Office	ext. 14		

Contact numbers for our Clergy, Religious School staff and Board members, can be found in our monthly **Shofar** newsletter. Additionally, all contact information can be found on our website: www.templeorelohim.com .

MEMBERSHIP INFORMATION

ADULT MEMBER(S) INFORMATION

MEMBER #1	FIRST AND LAST NAME:	
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Partnered <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Birthdate (mm/dd/yyyy):		
Cell Phone Number:		
Email Address:		
Occupation:		
Business Telephone Number:		
Business Name and Address:		
Interests, Talents, Committee Choices:		
MEMBER #2	FIRST AND LAST NAME:	
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Dr.	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Partnered <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Birthdate (mm/dd/yyyy):		
Cell Phone Number:		
Email Address:		
Occupation:		
Business Telephone Number:		
Business Name and Address:		
Interests, Talents, Committee Choices:		

DEPENDENT(S) OF ADULT MEMBER(S) INFORMATION

CHILD #1	FIRST NAME:		M:	F:
	Birthdate (mm/dd/yyyy):		Living at Home (y/n):	
	School Attending:			
	Special Interests/Hobbies:			
CHILD #2	FIRST NAME:		M:	F:
	Birthdate (mm/dd/yyyy):		Living at Home (y/n):	
	School Attending:			
	Special Interests/Hobbies:			
CHILD #3	FIRST NAME:		M:	F:
	Birthdate (mm/dd/yyyy):		Living at Home (y/n):	
	School Attending:			
	Special Interests/Hobbies:			
CHILD #4	FIRST NAME:		M:	F:
	Birthdate (mm/dd/yyyy):		Living at Home (y/n):	
	School Attending:			
	Special Interests/Hobbies:			

Yahrzeit Information

Deceased family members will be remembered from the pulpit on the anniversary of their passing.

(Please note that it is the temple policy to remember Yahrzeits on the English date of death).

Yahrzeit #1:		
FIRST AND LAST NAME OF DECEASED:		
Date of Death (mm/dd/yyyy):		
NAME OF CONGREGANT #1:		Relationship to the Deceased
NAME OF CONGREGANT #2:		Relationship to the Deceased
Yahrzeit #2:		
FIRST AND LAST NAME OF DECEASED:		
Date of Death (mm/dd/yyyy):		
NAME OF CONGREGANT #1:		Relationship to the Deceased
NAME OF CONGREGANT #2:		Relationship to the Deceased
Yahrzeit #3:		
FIRST AND LAST NAME OF DECEASED:		
Date of Death (mm/dd/yyyy):		
NAME OF CONGREGANT #1:		Relationship to the Deceased
NAME OF CONGREGANT #2:		Relationship to the Deceased
Yahrzeit #4:		
FIRST AND LAST NAME OF DECEASED:		
Date of Death (mm/dd/yyyy):		
NAME OF CONGREGANT #1:		Relationship to the Deceased
NAME OF CONGREGANT #2:		Relationship to the Deceased
Yahrzeit #5:		
FIRST AND LAST NAME OF DECEASED:		
Date of Death (mm/dd/yyyy):		
NAME OF CONGREGANT #1:		Relationship to the Deceased
NAME OF CONGREGANT #2:		Relationship to the Deceased
Yahrzeit #6:		
FIRST AND LAST NAME OF DECEASED:		
Date of Death (mm/dd/yyyy):		
NAME OF CONGREGANT #1:		Relationship to the Deceased
NAME OF CONGREGANT #2:		Relationship to the Deceased