



TEMPLE CHAYAI SHALOM

239 Depot Street, South Easton MA 02375
 Telephone: 508-238-6385, ext.101 Fax: 508-297-9128
 office@templechayaishalom.org
 www.chayaishalom.org

Membership Application

Welcome to Temple Chayai Shalom (TCS). We are delighted you have chosen to become part of our community. All application information will be treated confidentially. Please call our office if you have any questions in filling out this application.

Personal Information		
	<i>Adult Applicant 1</i>	<i>Adult Applicant 2</i>
Full Name		
By what first name to you wish to be addressed (if different from above)?		
Hebrew Name (if known)		
Date of Birth (mo/day/year)		
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Partnered	<input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Partnered
Anniversary Date (mo/day/year)		
Home Address (city, state, zip)		
Home Telephone Number		
Cell Telephone Number		
Email Address		
How would you like mailings addressed, e.g., John Jones and Mary Smith or John and Mary Jones?		
Special Accommodations Needed	<input type="checkbox"/> Visual impairment (large print prayer book) <input type="checkbox"/> Physically challenged <input type="checkbox"/> Other _____	<input type="checkbox"/> Visual impairment (large print prayer book) <input type="checkbox"/> Physically challenged <input type="checkbox"/> Other _____

Temple Chayai Shalom maintains membership data for official synagogue use only. Members may choose to be included in the membership directory which is distributed to congregants only. May we include your name, address and email address in a directory? Yes No. If you have checked "no", may we include just your name? Yes No

Business Information

	<i>Adult Applicant 1</i>	<i>Adult Applicant 2</i>
Currently working?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Occupation/Title		
Employer		
Address		
City, State, Zip		
Business Phone		

Religious Background

Religious Affiliation – Are you Jewish?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Did you have a Bar/Bat Mitzvah service?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Were you Confirmed?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Previous Temple Affiliation (if applicable) Congregation, City, State		
Do you... Read Hebrew Chant Torah Speak Yiddish Lead Services	<input type="checkbox"/> PROFICIENT <input type="checkbox"/> BASIC <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> PROFICIENT <input type="checkbox"/> BASIC <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
Relatives who are/were TCS members? Please list and include your relationship to each member.		

Yahrzeit Information

English Name	Relationship	To Whom	English date of death with year. (before or after sundown)	Hebrew date of death with year.	Hebrew Name

Do you want to be notified of the English or Hebrew date of death?

Please attach a separate sheet for additional names.

Children's Information – Please list ALL CHILDREN regardless of age

	Child 1	Child 2	Child 3	Child 4
First and middle name				
Last name				
Hebrew name* (if known)				
Birth date (mo/day/year)				
Current grade				
Address (if not living with you)				
Cell phone number				
Email address				
Will attend religious school at TCS?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would like to be a member of TeCSY Youth Group?	<input type="checkbox"/> TeCSY-Grades 9-12 <input type="checkbox"/> Jr. TeCSY-Grades 7-8 <input type="checkbox"/> Taste of TeCSY Grades 5-6	<input type="checkbox"/> TeCSY-Grades 9-12 <input type="checkbox"/> Jr. TeCSY-Grades 7-8 <input type="checkbox"/> Taste of TeCSY Grades 5-6	<input type="checkbox"/> TeCSY-Grades 9-12 <input type="checkbox"/> Jr. TeCSY-Grades 7-8 <input type="checkbox"/> Taste of TeCSY Grades 5-6	<input type="checkbox"/> TeCSY-Grades 9-12 <input type="checkbox"/> Jr. TeCSY-Grades 7-8 <input type="checkbox"/> Taste of TeCSY Grades 5-6
Bar/Bat Mitzvah Service Date (mo/day/year)				
Confirmation Date (mo/day/year)				
Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partnered	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partnered	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partnered	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partnered

If you have more than four children, please attach an additional page.

***If there is no Hebrew name, would you like the rabbi to contact you about a naming?**

Membership Classification (Please check one)

Single (unmarried - no dependent children)

- Age under 35/Oldest member under 35
- Age 35-64/Oldest member age 35-64
- Age 65+/Oldest member 65+
- Associate under 65 (belong to another temple)
- Associate 65+ (belong to another temple)

Couple (no dependent children)

-
-
-
-
-

Single Parent (unmarried) Family

- All children younger than grade 2
- With at least one child in grades 2-12
- With all children older than grade 12

Two-Parent Family

-
-
-

Temple Chayai Shalom's Fiscal Year is from July 1st to June 30th. Annual Commitment is payable in monthly, quarterly, or annual installments. Financial Assistance is available for those families that qualify.

Date

Signature of Applicant 1

Signature of Applicant 2

Please send your completed Membership Application and a deposit of \$200 to: Temple Chayai Shalom, 239 Depot Street, South Easton, MA 02375

Other Information:

- Memorial plaque information? Please call office at 508-238-6385, Ext. 101 or email office@chayaishalom.org
- Please check this box if you would like the Rabbi to contact you – for any reason. Is there any information about you or your family that you would like the Rabbi to know? Please list below.

Do you have any past leadership experience in the Jewish community? (Temple president, treasurer, etc.)

Do you have other skills or interests: financial, musical talent? "handyman" abilities, social action commitment, art, philosophy, dance, etc.