TEMPLE HATIKVAH, HOMESTEAD JEWISH CENTER

183 NE 8 STREET
HOMESTEAD, FL 33030
USA

Phone 305-248-5724

MEMBERSHIP APPLICATION

Please complete the following:

NAME(S): _____

_____

ADDRESS: _____

_____

HOME TEL#: _____ WORK TEL#: _____

E-MAIL ADDRESS: _____

BEST TIME TO CONTACT YOU: _____

YOUR BIRTHDAY: month_____day_____ SPOUSE'S BIRTHDAY: month_____day_____

CHILD'S NAME: _____ BIRTHDATE: _____

CHILD'S NAME: _____ BIRTHDATE: _____

CHILD'S NAME: _____ BIRTHDATE: _____

OTHER HOUSEHOLD MEMBER'S NAME: _____ BIRTHDATE: _____

OTHER HOUSEHOLD MEMBER'S NAME: _____ BIRTHDATE: _____

MEMBERSHIP CATEGORY (See attached sheet for descriptions and fees):

[ ] Individual [ ] Single Parent Family [ ] Associate

[ ] Couple [ ] Family [ ] Special Circumstances

WEDDING ANNIVERSARY: _____

MAJOR INTERESTS, HOBBIES AND SKILLS: _____

_____

_____

_____

YOUR OCCUPATION: _____ SPOUSE'S OCCUPATION: _____

PARTICIPATION IN OTHER COMMUNAL ORGANIZATIONS AND ACTIVITIES: _____

_____

_____

WOULD YOU BE INTERESTED IN VOLUNTEERING FOR THE TEMPLE: YES_____ NO_____

IN WHAT CAPACITY?: _____

COMMENTS: _____

_____

_____

YAHRZEIT: (Anniversaries of deaths of loved ones)

Name	Relationship	Hebrew/English Date of Death