



TEMPLE EMANUEL OF NORTH JERSEY

A welcoming, Conservative, egalitarian, spiritual community

558 High Mountain Road | Franklin Lakes, NJ 07417 | 201-560-0200 | office@tenjfl.org | www.tenjfl.org

Membership Information

All information will be kept confidential. Please print clearly. If you need more room, please use additional paper.

Family Name:

Today's Date:

Street Address:

City:

State:

Zip:

Marital Status

☐ Married

☐ Single

☐ Partnered

☐ Divorce

☐ Widow/er

If married, anniversary date:

	Adult 1	Adult 2
Title		
First Name		
Last Name		
Informal Name		
Hebrew Name (in English)		
Date of Birth		
Home Telephone		
Cell Telephone		
Business Telephone		
Preferred Email		
Occupation		
Employer		
Business City, State		
Mother's Full English Name		
Mother's Hebrew Name		
Father's Full English Name		
Father's Hebrew Name		
Cohen/Levi/Israel		
Graduate Education		

	Adult 1 (continued)	Adult 2 (continued)
Activities/Interests		
Skills/talents you would like to share		
What was your religious upbringing?	<input type="radio"/> Conservative <input type="radio"/> Reform <input type="radio"/> Orthodox <input type="radio"/> Reconstructionist <input type="radio"/> Unaffiliated <input type="radio"/> Not Jewish	<input type="radio"/> Conservative <input type="radio"/> Reform <input type="radio"/> Orthodox <input type="radio"/> Reconstructionist <input type="radio"/> Unaffiliated <input type="radio"/> Not Jewish
Did you have a Bar/Bat Mitzvah?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If yes: Bar/Bat Mitzvah Date		
Your Torah Portion		
Can you chant Torah?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Can you lead a service?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Have you ever visited Israel?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Have any family members converted to Judaism? <input type="radio"/> Yes <input type="radio"/> No		
If yes, please indicate:	Name:	Year converted:
Name of rabbi who officiated:		

Children's Information
Please fill in the following information as it applies to each of your unmarried children under age 25, beginning with your oldest child. Use additional paper if you need more space.

	Child 1	Child 2	Child 3
First Name			
Last Name			
Hebrew Name (in English)			
Date of Birth			
Gender			
Address (if different from yours; include HS/college)			
Name of preschool			
Name of religious/day school			
Name of elementary/high school			

	Child 1 (continued)	Child 2 (continued)	Child 3 (continued)
Will your child be attending TENJ Hebrew School?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
School grade in September			
Bar/Bat Mitzvah date			
Summer camp, if attended			
Jewish youth group, if any			
Email address			
Year of HS graduation			
Name of college/ graduation date			
Has your child visited Israel?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If yes, what kind of trip?			

Yahrzeit Information		
Let us help you remember your loved ones by reminding you of their yahrzeit anniversary. If you need additional space, please use the reverse side.		
Name of Deceased		
Relative of		
Relationship		
Date/Time of death	(English)	(Hebrew)
Name of Deceased		
Relative of		
Relationship		
Date/Time of death	(English)	(Hebrew)
Name of Deceased		
Relative of		
Relationship		
Date/Time of death	(English)	
Name of Deceased		
Relative of		
Relationship		
Date/Time of death	(English)	(Hebrew)

How did you hear about Temple Emanuel?				
<input type="radio"/> Friend	<input type="radio"/> Family member	<input type="radio"/> Website	<input type="radio"/> Advertisement	<input type="radio"/> Other
Please share the name of the person/s who told you about us:				

Synagogue Committee Interests		
<input type="radio"/> Adult Education	<input type="radio"/> Social/Entertainment	<input type="radio"/> Finance/Budget
<input type="radio"/> Hebrew School	<input type="radio"/> Social Action	<input type="radio"/> Sunshine Committee
<input type="radio"/> Ritual	<input type="radio"/> Membership	<input type="radio"/> Bulletin/Public Relations
<input type="radio"/> Minyanaires		

We (I) hereby give our (my) permission for photographs of one or more members of our (my) family taken at Temple Emanuel events to be used for purposes of public relations for Temple Emanuel.

Signature:

(Adult 1)

(Adult 2)

Print name:
