



937 HAPP ROAD
P. O. BOX 8209
NORTHFIELD, ILLINOIS 60093
Website: www.templejeremiah.org
Email: office@templejeremiah.org

MEMBERSHIP APPLICATION

(Please print or type)

	ADULT 1 (Billing Name)	ADULT 2
1. Full Name: Last, First & Middle Initial:		
2. Name you prefer:		
3. Title you prefer:		
4. Home Address: City, State & Zip Code:		
5. Home Phone: Fax No.: Email Address: Cell Phone:	Home Phone: _____ Fax No.: _____ Email Address: _____ Cell Phone: _____	Home Phone: _____ Fax No.: _____ Email Address: _____ Cell Phone: _____
6. Occupation:	Job Description: _____ _____ Title: _____ Employer: _____ _____ Address: _____ _____ Phone: _____ Ext: _____ Fax: _____	Job Description: _____ _____ Title: _____ Employer: _____ _____ Address: _____ _____ Phone: _____ Ext: _____ Fax: _____
7. Date of Birth:	Month: Day: Year:	Month: Day: Year:
8. Current Marital Status:	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Partnered	
9. If married, marriage date:	Month: ____ Day: ____ Year: ____ Maiden Name (if applicable) _____	Maiden Name (if applicable) _____

	ADULT 1	ADULT 2																																
10. Your Parent's Names:	Father: _____ Mother: _____ Jeremiah members? ___Yes ___ No	Father: _____ Mother: _____ Jeremiah members? ___Yes ___ No																																
11. Religious tradition in which you were raised: If not raised in the Jewish tradition are you: Did your Jewish Education include:	___Reform ___Conservative ___Orthodox ___Secular ___Reconstructionist ___Traditional ___Jewish by choice: ___Non-Jewish Denomination: _____ ___Bar/Bat Mitzvah ___Confirmation	___Reform ___Conservative ___Orthodox ___Secular ___Reconstructionist ___Traditional ___Jewish by choice: ___Non-Jewish Denomination: _____ ___Bar/Bat Mitzvah ___Confirmation																																
12. Do you own cemetery property?	___Yes ___ No If yes, where: _____	___Yes ___ No If yes, where: _____																																
13. Name of previous congregation:	Name: _____ City: _____ State: ____	Name: _____ City: _____ State: ____																																
14. Do you have physical limitations of which we should be aware:	___Vision ___Hearing ___Mobility Other: _____ _____	___Vision ___Hearing ___Mobility Other: _____ _____																																
15. MEMORIALS Yahrzeits are observed and announced at the Shabbat service closest to the anniversary of the death.	___I prefer to observe the Hebrew date(s) <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;">Name of Deceased</th> <th style="width: 50%; text-align: center;">Date of Death</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table>	Name of Deceased	Date of Death	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;">Relationship</th> <th style="width: 50%; text-align: center;">Observer</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table>	Relationship	Observer	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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PLEASE FILL IN THE FOLLOWING INFORMATION AS IT APPLIES TO YOUR CHILDREN

	CHILD 1	CHILD 2	CHILD 3	CHILD 4	CHILD 5
1. Name:					
2. Nickname:					
3. Hebrew Name:					
4. Sex:	___ M ___ F	___ M ___ F	___ M ___ F	___ M ___ F	___ M ___ F
5. Date of Birth:	M___ D___ Y___	M___ D___ Y___	M___ D___ Y___	M___ D___ Y___	M___ D___ Y___
6. Religious School:	___ Will attend ___ Is now attending ___ Has attended	___ Will attend ___ Is now attending ___ Has attended	___ Will attend ___ Is now attending ___ Has attended	___ Will attend ___ Is now attending ___ Has attended	___ Will attend ___ Is now attending ___ Has attended
7. Hebrew School:	___ Will attend ___ Is now attending ___ Has attended	___ Will attend ___ Is now attending ___ Has attended	___ Will attend ___ Is now attending ___ Has attended	___ Will attend ___ Is now attending ___ Has attended	___ Will attend ___ Is now attending ___ Has attended
8. Has been or will be Bar/Bat Mitzvah?	___ Yes ___ No Year _____	___ Yes ___ No Year _____	___ Yes ___ No Year _____	___ Yes ___ No Year _____	___ Yes ___ No Year _____
9. Has been or will be Confirmed?	___ Yes ___ No Year _____	___ Yes ___ No Year _____	___ Yes ___ No Year _____	___ Yes ___ No Year _____	___ Yes ___ No Year _____
10. College Student? If yes, College And Address:	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
11. Post High School-Living At Home:	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No

Indicate Interests by Check Marks	Adult 1	Adult 2	Indicate Interests by Check Marks	Adult 1	Adult 2
Adult Education			Library		
Archives			Long Range Planning		
Building and Grounds			Membership/Membership Mentors		
Brotherhood			Oneg Shabbat: Hosts and Bakers		
Caring Committee			Outreach		
Choir			Religious School, Kol Mishpacha		
Communications/Marketing			Sisterhood		
Empty Nesters			Social Justice		
Festivals			Youth Group Parent Committee		
Fund Raising			Other interests		

How did you hear about Temple Jeremiah? _____

List relatives who are members of Temple Jeremiah. (Name and relationship)

Please let us know the names of people you know who might be interested in learning more about Temple Jeremiah:

Name _____ Phone _____

Address _____ City _____ Zip Code _____

BUILDING Maintenance Pledge is determined at the time you join.

55 and over \$700 (Payable over two years - \$350/year) 35-54 \$3,000 (Payable over six years \$500/year)

We (I) promise to pay to Temple Jeremiah the sum of \$ _____ payable in equal installments of \$ _____, beginning on _____ 2010 and thereafter on July 1, 2011, July 1, 2012, July 1, 2013, July 1, 2014 and July 1, 2015.

FINANCIAL COMMITMENT

The Membership Registration Payment Option form must accompany this application along with first payment.

Religious & Hebrew School Registration Forms are included as well. You may combine all commitments into one monthly bill. (2010-11 Commitment, Building Fund & School Fees), please call the Book Keeper to have this arranged.

All financial obligations apply to the fiscal year, which begins July 1st

Signature(s) X _____