



# Temple Torah of West Boynton Beach

## Membership Application

8600 Jog Road • Boynton Beach, Florida 33472-2966

Phone: 561-369-1112 • Fax: 561-369-0930

E-mail: templetorah@ttwbb.org

Interview Date: \_\_\_\_\_

**Membership is open to any person of the Jewish faith.** (Please print)

	Member 1	Member 2
Full Name		
Home Address		
Community		
Home Phone		
2nd Address (if applicable)		
Cell Phone		
E-mail		
Date of Birth		
Marital Status (Married, Single, Divorced, Widowed)		
Wedding Anniversary		
Occupation (if retired, former occupation)		
Business Phone		
Previous Synagogue Affiliation	Name: _____ Location: _____	Name: _____ Location: _____
Previous Synagogue Leadership (i.e. Board Member, Vice President, President, Committee Chair)		
Hebrew Name		
Tribe of Israel:	Kohen ___ Levi ___ Israel ___	Kohen ___ Levi ___ Israel ___
Jewish by Birth	Yes ___ No ___	Yes ___ No ___
Read Hebrew	Yes ___ No ___	Yes ___ No ___
Lead Services	Yes ___ No ___	Yes ___ No ___
Read Torah	Yes ___ No ___	Yes ___ No ___
Read Haftarah	Yes ___ No ___	Yes ___ No ___

### Children Living at Home

Name	1.	2.	3.	4.
Date of birth				
Sex	M/F	M/F	M/F	M/F
Hebrew Name				
Bar/Bat Mitzvah Date				
Name of School				
Grade				

#### Committee, Activities and Interests: (Please circle)

Adult Education  
 Bulletin (The Shofar)  
 Choir  
 Computers  
 Facilities  
 Fundraising  
 Havurot  
 Holocaust Learning Center  
 Israel Affairs

Judaica Shop  
 Kitchen  
 Library  
 Membership  
 Men's Club  
 Preschool  
 Religious School  
 Publicity  
 Ritual

Sisterhood  
 Social Action  
 Strategic Planning  
 Ushers  
 Office Volunteer  
 Youth Committee  
 Other:

I (we) hereby apply for admission as a member of Temple Torah and agree to abide by its rules and Constitution. As a member of the Temple Torah community, I (we) commit to becoming part of a *kehillah kedoshah*, a sacred community and in accepting that responsibility, I (we) agree to fulfill all financial obligations that I (we) incur with Temple Torah, its schools and/or auxiliaries.

It is understood that dues and fees are payable in full upon invoicing and are non-refundable. Payment plans may be arranged with the Financial Consideration Committee.

Current Fees	For Office Use Only	Type of Membership (please check)
Dues _____	Dues _____	Family Membership___
Security _____	Security _____	Single Membership___
TOTAL _____	TOTAL _____	Young Couple with Child(ren) enrolled in Wiston Pre-school___
		Young Couple with Child(ren) enrolled in Adler Religious School___
		Single with Child(ren) in Wiston Pre-school___
		Single with Child(ren) in Adler Religious School___

Signed: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Deposit Received: \_\_\_\_\_

Check or Credit Card: \_\_\_\_\_

<b>Family Name:</b>		
<b>Yarzeit Information</b>	Member Name	Member Name
<b>1. English Name</b>		
Hebrew Name		
Relationship		
Date of death (Secular)		
Check one, please:	Before sundown _____ After sundown _____	Before sundown _____ After sundown _____
<b>2. English Name</b>		
Hebrew Name		
Relationship		
Date of death		
Check one, please:	Before sundown _____ After sundown _____	Before sundown _____ After sundown _____
<b>3. English Name</b>		
Hebrew Name		
Relationship		
Date of death		
Check one, please:	Before sundown _____ After sundown _____	Before sundown _____ After sundown _____
<b>4. English Name</b>		
Hebrew Name		
Relationship		
Date of death		
Check one, please:	Before sundown _____ After sundown _____	Before sundown _____ After sundown _____
<b>5. English Name</b>		
Hebrew Name		
Relationship		
Date of death		
Check one, please:	Before sundown _____ After sundown _____	Before sundown _____ After sundown _____