

Temple Israel
Dover, N. H .

Membership Information

We are currently updating and consolidating our records, as an aid to planning for the future. Please take a minute to provide us the information outlined below and return this form with your dues information and Participation Survey.

Type of membership (please circle one)

Family One-Adult Household with Child(ren)
Single Associate

Adults (living in household)

Name 1 Hebrew name Date of Birth (mm/dd/yy)

Name 2 Hebrew name Date of Birth (mm/dd/yy)

Residence _____

City, State, Zip _____

Mailing address (if different) _____

Home phone _____

Name 1 work phone _____ Name 1 cell phone _____

Name 2 work phone _____ Name 2 cell phone _____

E-mail address(es) (This information will be used strictly for Temple communications.)

Name 1 e-mail address

Name 2 e-mail address

Would you prefer to receive the Temple newsletter by e-mail and not on paper?
(Circle one) Yes No

Name 1 Current or most recent work/profession

Name 2 Current or most recent work/profession

Membership information (cont.)

Children (*living in household half-time or more*)

Name _____ Hebrew name _____
Date of Birth (mm/dd/yy) _____ Gender _____
2006-07: 1) grade level, 2) School, 3) Town _____
Special interests (school subject, extra-curric., hobby, etc.) _____

Name _____ Hebrew name _____
Date of Birth (mm/dd/yy) _____ Gender _____
2006-07: 1) grade level, 2) School, 3) Town _____
Special interests (school subject, extra-curric., hobby, etc.) _____

Name _____ Hebrew name _____
Date of Birth (mm/dd/yy) _____ Gender _____
2006-07: 1) grade level, 2) School, 3) Town _____
Special interests (school subject, extra-curric., hobby, etc.) _____

(Additional children or family members living in household? Please write in below.)

Important Dates

Anniversaries (Please specify type, whose): _____

Yartzeits (Anniversaries of family-related deaths)

English name _____ Date of Death _____ Hebrew date _____
Relationship (to whom) _____

English name _____ Date of Death _____ Hebrew date _____
Relationship (to whom) _____

English name _____ Date of Death _____ Hebrew date _____
Relationship (to whom) _____

English name _____ Date of Death _____ Hebrew date _____
Relationship (to whom) _____