

# Temple Israel of Riverhead

Michael Rascoe, Rabbi

490 Northville Turnpike

Temple Office: 631 727-3191

PO Box 1531

Riverhead, NY 11901

## MEMBERSHIP APPLICATION

Date \_\_\_\_\_

*Please print clearly*

**Membership Category, please check one:**

Family \_\_\_\_\_ Individual \_\_\_\_\_

Single Parent \_\_\_\_\_ Newlywed (first year of marriage) \_\_\_\_\_ Intermarried Spouse \_\_\_\_\_

Adult Member's Name \_\_\_\_\_

Hebrew Name \_\_\_\_\_ Kohen \_\_\_ Levite \_\_\_ Israelite \_\_\_

Father's Name, English \_\_\_\_\_ Hebrew \_\_\_\_\_

Mother's Name, English \_\_\_\_\_ Hebrew \_\_\_\_\_

Were you Bar/Bat Mitzvahed? \_\_\_\_\_ Birthday, Month and Day \_\_\_\_\_

Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_

Adult Member's Name \_\_\_\_\_

Hebrew Name \_\_\_\_\_ Kohen \_\_\_ Levite \_\_\_ Israelite \_\_\_

Father's Name, English \_\_\_\_\_ Hebrew \_\_\_\_\_

Mother's Name, English \_\_\_\_\_ Hebrew \_\_\_\_\_

Were you Bar/Bat Mitzvahed? \_\_\_\_\_ Birthday, Month and Day \_\_\_\_\_

Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_

Home address \_\_\_\_\_ Telephone \_\_\_\_\_

\_\_\_\_\_

Alternate Address \_\_\_\_\_

Alternate Telephone \_\_\_\_\_ Fax number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Wedding Anniversary Month/Day \_\_\_\_\_

# CHILDREN

English Name	Hebrew Name	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list any special skills or talents you or a member of your family would make available to our synagogue (such as computer skills, musical instrument ability, proficiency in Hebrew, calligraphy, and so on):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Yahrzeits you wish to have remembered (immediate family only)

Name	Hebrew Name	Relationship	Date of Death
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____