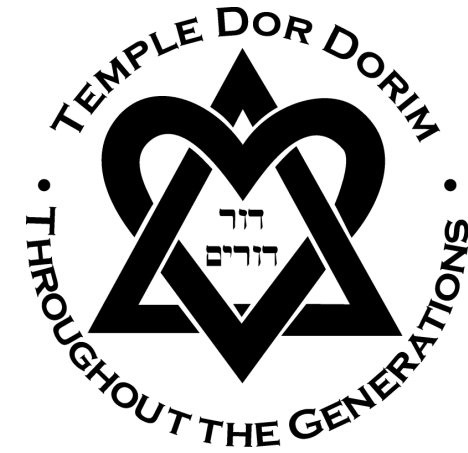


2360 GLADES CIRCLE, WESTON, FL 33327 ~ P: 954-389-1232 ~ F: 954-389-4670



MEMBERSHIP APPLICATION

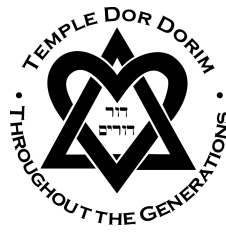


RABBI DANIEL M. SHERMAN
ALLISON TEISCH - CANTORIAL SOLOIST
HAL MINDEL- PRESIDENT
BONNIE RAYMAN - EXECUTIVE DIRECTOR
RABBI NORMAN S. LIPSON - RABBI EMERITUS

2360 GLADES CIRCLE, WESTON, FL 33327

P: 954-389-1232 F: 954-389-4670

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Date Completed: _____

Family Information

Family Last Name: _____ Home Phone: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Individual Information

Adult 1

Adult 2

Title: Dr. ___ Mr. ___ Mrs. ___ Ms. ___ Other ___ Title: Dr. ___ Mr. ___ Mrs. ___ Ms. ___ Other ___

First Name: _____ First Name: _____

Hebrew Name: _____ Hebrew Name: _____

Date of Birth: ___/___/___ Date of Birth: ___/___/___

Marital Status: Single ___ Married ___ Widowed ___ Divorced ___

Date of Anniversary: ___/___/___

Occupation: _____ Occupation: _____

Employer: _____ Employer: _____

Business Address: _____ Business Address: _____

Business Phone: _____ Business Phone: _____

Fax: _____ Fax: _____

E-mail: _____ E-mail: _____

Cell: _____ Cell: _____

Dependent Information

Child 1

Child 2

Child 3

First Name: _____ First Name: _____ First Name: _____

Middle Name: _____ Middle Name: _____ Middle Name: _____

Last Name: _____ Last Name: _____ Last Name: _____

Hebrew Name: _____ Hebrew Name: _____ Hebrew Name: _____

D.O.B: ___/___/___ Gender: _____ D.O.B: ___/___/___ Gender: _____ D.O.B: ___/___/___ Gender: _____

Address (if different, incl. college): _____ Address (if different, incl. college): _____ Address (if different, incl. college): _____

Grade (as of August 2016): _____ Grade (as of August 2016): _____ Grade (as of August 2016): _____

Secular School: _____ Secular School: _____ Secular School: _____



Yahrzeit Information

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Related to: Adult 1 ___ or Adult 2 ___ Related to: Adult 1 ___ or Adult 2 ___

Secular Date of Death: ___/___/___ Hebrew Date: _____ Secular Date of Death: ___/___/___ Hebrew Date: _____

I observe the: Secular date ___ or Hebrew date ___ I observe the: Secular date ___ or Hebrew date ___

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Related to: Adult 1 ___ or Adult 2 ___ Related to: Adult 1 ___ or Adult 2 ___

Secular Date of Death: ___/___/___ Hebrew Date: _____ Secular Date of Death: ___/___/___ Hebrew Date: _____

I observe the: Secular date ___ or Hebrew date ___ I observe the: Secular date ___ or Hebrew date ___

We understand that by completing and submitting this membership application to Temple Dor Dorim we will abide by the bylaws of Temple Dor Dorim; that this application must be approved by the Rabbi and the Board of Trustees prior to acceptance; that we understand and agree to the dues.

We acknowledge that we were in good standing when we left the prior congregation with which we were affiliated.

Signature: _____ Date: _____

Signature: _____ Date: _____

Involvement/Volunteer Opportunities

Please check off all areas you are interested in being involved in.

- Brotherhood
- CHAI/ Early Childhood Center
- Chutzpah Band & Generations Choir
- Empty Nesters
- Fundraising
- House & Grounds
- Israel Solidarity
- Jewish Celebrations
- Main Event
- Marketing/ Public Relations
- Membership
- Office
- Oneg Angels
- Programming
- PTO/ Religious School
- Shabbat on Wheels
- Sisterhood
- Social Action
- Ushering
- Youth Group