

Greetings from
TEMPLE

DOR
DORIM



Hope to see you soon!
Temple Dor Dorim - Weston's only vibrant,
multi-generational Reform synagogue.

Weston, Florida

Membership Application



Rabbi Daniel Sherman

Cantor Carrie Barry

Norman S. Lipson, Rabbi Emeritus

Allison Teisch, Cantorial Soloist, Emerita

Adam Silverman, President

Bonnie Rayman, Executive Director



2360 Glades Circle, Weston, FL 33327 ~ P: 954-389-1232 F: 954-389-4670 ~ www.dordorim.org



Date Completed: _____

Family Information

Family Last Name: _____ Home Phone: _____

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

Individual Information

Adult 1

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

First Name: _____

Hebrew Name: _____

Date of Birth: ____/____/____

Marital Status: Single ___ Married ___ Widowed ___ Divorced ___

Date of Anniversary: ____/____/____

Occupation: _____

Employer: _____

Business Address: _____

Business Phone: _____

Fax: _____

E-mail: _____

Cell: _____

Adult 2

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

First Name: _____

Hebrew Name: _____

Date of Birth: ____/____/____

Occupation: _____

Employer: _____

Business Address: _____

Business Phone: _____

Fax: _____

E-mail: _____

Cell: _____

Dependent Information

Child 1

First Name: _____

Middle Name: _____

Last Name: _____

Hebrew Name: _____

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

Address (if different, incl. college): _____

Grade (as of August 2018): _____

Secular School: _____

Child 2

First Name: _____

Middle Name: _____

Last Name: _____

Hebrew Name: _____

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

Address (if different, incl. college): _____

Grade (as of August 2018): _____

Secular School: _____

Child 3

First Name: _____

Middle Name: _____

Last Name: _____

Hebrew Name: _____

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

Address (if different, incl. college): _____

Grade (as of August 2018): _____

Secular School: _____



Yahrzeit Information

Name: _____

Relationship: _____

Related to: Adult 1 ___ or Adult 2 ___

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

I observe the: Secular date ___ or Hebrew date ___

Name: _____

Relationship: _____

Related to: Adult 1 ___ or Adult 2 ___

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

I observe the: Secular date ___ or Hebrew date ___

Name: _____

Relationship: _____

Related to: Adult 1 ___ or Adult 2 ___

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

I observe the: Secular date ___ or Hebrew date ___

Name: _____

Relationship: _____

Related to: Adult 1 ___ or Adult 2 ___

Secular Date of Death: ___/___/___ 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.

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



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UNION FOR
REFORM JUDAISM

האיחוד ליהדות רפורמית

SERVING REFORM CONGREGATIONS IN NORTH AMERICA