

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 David Novak
Norman S. Lipson, Rabbi Emeritus
Allison Teisch, Cantorial Soloist, Emerita
Adam Silverman, President





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 2019): _____

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 2019): _____

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 2019): _____

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"/> Gala Committee | <input type="checkbox"/> Shalom Belly |
| <input type="checkbox"/> PTO/Early Childhood Center | <input type="checkbox"/> Marketing/ Public Relations | <input type="checkbox"/> Shalom Family |
| <input type="checkbox"/> Chutzpah Band/Generations Choir | <input type="checkbox"/> Membership | <input type="checkbox"/> Sisterhood |
| <input type="checkbox"/> Empty Nesters | <input type="checkbox"/> Office | <input type="checkbox"/> Social Action |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Oneg Angels | <input type="checkbox"/> Ushering |
| <input type="checkbox"/> House & Grounds | <input type="checkbox"/> Programming | <input type="checkbox"/> Youth Group |
| <input type="checkbox"/> Israel Solidarity | <input type="checkbox"/> PTO/Religious School | |
| <input type="checkbox"/> Ritual Committee | <input type="checkbox"/> Shabbat on Wheels | |



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UNION FOR
REFORM JUDAISM

האיחוד ליהדות רפורמית

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