

Greetings from
TEMPLE

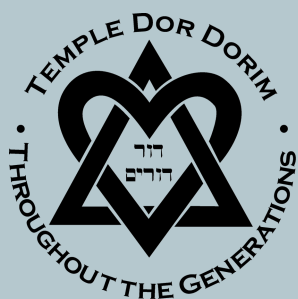
DOR
DORIM



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

Weston, Florida

Membership Application



Rabbi Marci Bloch

Robin Koota, Cantorial Soloist

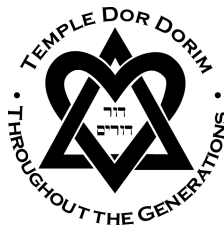
Norman S. Lipson, Rabbi Emeritus

Allison Teisch, Cantorial Soloist, Emerita

Rachel DiDio, President

David Pasternack, Executive Director





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 2022): _____

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 2022): _____

Secular School: _____

Child 3

First Name: _____

Middle Name: _____

Last Name: _____

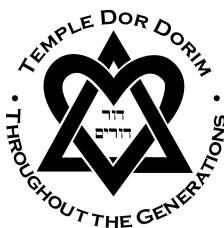
Hebrew Name: _____

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

Address (if different, incl. college): _____

Grade (as of August 2022): _____

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.

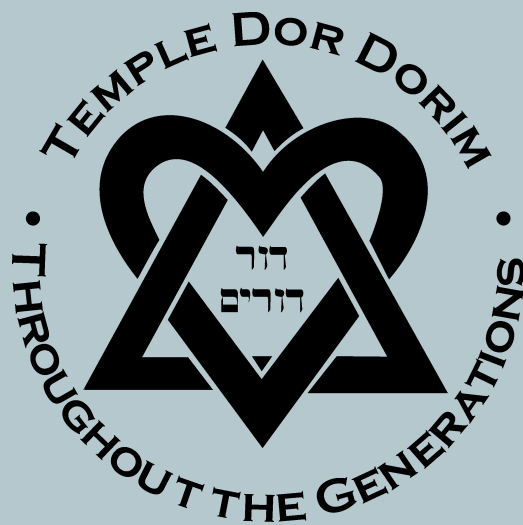
Signature: _____ Date: _____

Signature: _____ Date: _____

Involvement/ Volunteer Opportunities

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

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



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SERVING REFORM CONGREGATIONS IN NORTH AMERICA