



TEMPLE ANSHEI SHALOM  
7099 W. ATLANTIC AVE, DELRAY BEACH, FL 33446

**Instructions: print out, and fill out and bring to the main office Monday-Thursday, 10am to 3pm. For more info: call 495-1300 and select the main office.**

# Membership Application

Date \_\_\_\_\_

Family Name \_\_\_\_\_  Single  Married  Widowed  Divorced

Florida Address \_\_\_\_\_ Development \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Secondary Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Months Up North \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

## Male

## Female

First Name \_\_\_\_\_

First Name \_\_\_\_\_

Hebrew Name \_\_\_\_\_

Hebrew Name \_\_\_\_\_

Kohen  Levi  Israelite

Kohen  Levi  Israelite

Father's Hebrew Name \_\_\_\_\_

Father's Hebrew Name \_\_\_\_\_

Mother's Hebrew Name \_\_\_\_\_

Mother's Hebrew Name \_\_\_\_\_

Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_

Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_

Wedding Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Wedding Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Occupation (or former occupation) \_\_\_\_\_

Occupation (or former occupation) \_\_\_\_\_

Education \_\_\_\_\_

Education \_\_\_\_\_

Hebrew Education \_\_\_\_\_

Hebrew Education \_\_\_\_\_

Yiddish Education \_\_\_\_\_

Yiddish Education \_\_\_\_\_

Military Veteran \_\_\_\_\_

Military Veteran \_\_\_\_\_

Holocaust Survivor  Yes  No

Holocaust Survivor  Yes  No

Hagbah (Lifting Torah)  Yes  No

Hagbah (Lifting Torah)  Yes  No

Gelilah (Tie Torah)  Yes  No

Gelilah (Tie Torah)  Yes  No

Can Read Torah  Yes  No

Can Read Torah  Yes  No

Desires an Aliyah  Yes  No

Desires an Aliyah  Yes  No

Is Able to and Desires to  
Chant the Haftorah  Yes  No

Is Able to and Desires to  
Chant the Haftorah  Yes  No

Volunteer to Attend Daily Minyan  Yes  No

Volunteer to Attend Daily Minyan  Yes  No

**To receive reminders of Yahrzeit Dates — Please list information below**

English Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_

Date of Death (Hebrew or English) \_\_\_\_\_ Relationship & To Whom \_\_\_\_\_  
 before sundown  after sundown

English Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_

Date of Death (Hebrew or English) \_\_\_\_\_ Relationship & To Whom \_\_\_\_\_  
 before sundown  after sundown

English Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_

Date of Death (Hebrew or English) \_\_\_\_\_ Relationship & To Whom \_\_\_\_\_  
 before sundown  after sundown

English Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_

Date of Death (Hebrew or English) \_\_\_\_\_ Relationship & To Whom \_\_\_\_\_  
 before sundown  after sundown

**Activities & Interests (Please Check)**

**Men**

- Men's Club
- Adult Education (lifelong learning)
- Anshei After Dark
- Choir
- Finance
- Fund Raising
- Library
- Membership
- Monthly Bulletin
- Publicity / Prepare Articles
- Read and/or Speak Hebrew  Yiddish
- Ritual
- Ushering
- Special Interest

**Women**

- Sisterhood
- Adult Education (lifelong learning)
- Anshei After Dark
- Choir
- Finance
- Fund Raising
- Library
- Membership
- Monthly Bulletin
- Publicity / Prepare Articles
- Read and/or Speak Hebrew  Yiddish
- Ritual
- Ushering
- Special Interest

What are the reasons why you are joining Temple Anshei Shalom? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For Office Use Only**

Date/Amount Received \_\_\_\_\_ Check/Credit Card \_\_\_\_\_

Current Fees: Dues \_\_\_\_\_ Application received by \_\_\_\_\_