



7099 W. Atlantic Ave. • Delray Beach, FL • 33446  
(561) 495-1300 • templeoffice@templeansheishalom.org • www.templeansheishalom.org

## Membership Application

Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_  Single  Married  Widowed  Divorced  Partnership  
Florida Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Community: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Secondary Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Birthday: \_\_\_\_\_ Wedding Date: \_\_\_\_\_ Current/Former Occupation: \_\_\_\_\_  
**Hebrew:** Speak  Yes  No Read  Yes  No **Yiddish:** Speak  Yes  No Understand  Yes  No  
**Hebrew Name** Self: \_\_\_\_\_ Father: \_\_\_\_\_ Mother: \_\_\_\_\_  
 Kohen  Levi  Israelite  
**Are you a: Military Veteran:**  Yes  No **Holocaust Survivor**  Yes  No  
Would you like to: **Hagbah (Lift Torah)**  Yes  No **Gelilah (Tie Torah)**  Yes  No  
**Read Torah**  Yes  No **Have an Aliyah**  Yes  No **Chant the Haftorah**  Yes  No  
**Attend Daily Minyan**  Yes  No

Applicant Name: \_\_\_\_\_  Single  Married  Widowed  Divorced  Partnership  
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Community: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
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**Read Torah**  Yes  No **Have an Aliyah**  Yes  No **Chant the Haftorah**  Yes  No  
**Attend Daily Minyan**  Yes  No

If you would like to receive Yahrzeit Date reminders, please complete the following  
(please use additional sheets, if necessary):

**Applicant #1**

English Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
Date of Death (Hebrew or English): \_\_\_\_\_  before sundown  after sundown

English Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
Date of Death (Hebrew or English): \_\_\_\_\_  before sundown  after sundown

English Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
Date of Death (Hebrew or English): \_\_\_\_\_  before sundown  after sundown

**Applicant #2**

English Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
Date of Death (Hebrew or English): \_\_\_\_\_  before sundown  after sundown

English Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
Date of Death (Hebrew or English): \_\_\_\_\_  before sundown  after sundown

English Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
Date of Death (Hebrew or English): \_\_\_\_\_  before sundown  after sundown

**Applicant #1 — Check if Interested**

<input type="checkbox"/> Adult Education	<input type="checkbox"/> Men's Club
<input type="checkbox"/> Anshei After Dark	<input type="checkbox"/> Monthly Bulletin
<input type="checkbox"/> Choir	<input type="checkbox"/> Publicity
<input type="checkbox"/> Finance	<input type="checkbox"/> Ritual
<input type="checkbox"/> Fundraising	<input type="checkbox"/> Sisterhood
<input type="checkbox"/> Hebrew speaking class	<input type="checkbox"/> Ushering
<input type="checkbox"/> Library	<input type="checkbox"/> Other _____
<input type="checkbox"/> Membership	_____

**Applicant #2 — Check if Interested**

<input type="checkbox"/> Adult Education	<input type="checkbox"/> Men's Club
<input type="checkbox"/> Anshei After Dark	<input type="checkbox"/> Monthly Bulletin
<input type="checkbox"/> Choir	<input type="checkbox"/> Publicity
<input type="checkbox"/> Finance	<input type="checkbox"/> Ritual
<input type="checkbox"/> Fundraising	<input type="checkbox"/> Sisterhood
<input type="checkbox"/> Hebrew speaking class	<input type="checkbox"/> Ushering
<input type="checkbox"/> Library	<input type="checkbox"/> Other _____
<input type="checkbox"/> Membership	_____

Why are you interested in joining Temple Anshei Shalom?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**For Office Use Only**

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

Current Dues: \_\_\_\_\_ Application Received By: \_\_\_\_\_