

Temple Shalom

223 Valley Road

Middletown, RI

Membership Application

Family Information:

Name _____

Street Address _____

City, State, Zip Code _____

Billing Address, if different _____

Home Telephone _____ Cell Telephone _____

E-mail Address _____

Marital Status: () Married (date: / /) () Single () Widowed () Divorced () Separated

Adult Member One

Full Name _____

Hebrew Name _____

Date of Birth _____

Religious Tradition in which you were raised:

() Conservative () Orthodox () Reform () Secular Jew () Jew by choice () Non-Jew

Adult Member Two

Full Name _____

Hebrew Name _____

Date of Birth _____

Religious Tradition in which you were raised:

() Conservative () Orthodox () Reform () Secular Jew () Jew by choice () Non-Jew

Children

Full Name _____ Date of Birth _____

Full Name _____ Date of Birth _____

Full Name _____ Date of Birth _____

Member of another congregation? () Yes () No

If yes, please provide name and location.
