



TEMPLE ISAIAH MEMBERSHIP APPLICATION

12200 Scaggsville Road • Fulton, MD 20759
 410-888-9100 • 301-317-1101 • fax 301-317-1594
 www.templeisaiah.org • info@templeisaiah.org

FAMILY INFORMATION:

ADULT #1	ADULT #2
Last Name:	Last Name:
First Name:	First Name:
Date of Birth:	Date of Birth:
Cell Phone:	Cell Phone:
E-mail:	E-mail:
Profession/Occupation:	Profession/Occupation:
Work Phone:	Work Phone:
Previous Synagogue Affiliation:	Previous Synagogue Affiliation:
Religious Background:	Religious Background:

Wedding Anniversary (mm/dd/yy): _____ Home Phone: _____

Home Address: _____

City : _____ State: _____ Zip: _____

MEMBERSHIP ROSTER

Temple Isaiah publishes an annual roster to be shared with our members. Please indicate which items you **would like** us to include in your family listing:

- Adult Names
 Children Names
 Children Birthdates
 Home Phone
 Address
 Cell Phone
 Adult Email Address
 I do not wish to be included in the Temple Isaiah Member Roster

A \$200 deposit is due with this application.

FOR OFFICE USE ONLY:

Date Received	
Family Type	
Dues	
Capital Fund	
Security Fee	
Payment	

CHILDREN LIVING AT HOME/FULL TIME STUDENTS

First Name: _____ Last Name: _____

Birth Date: _____ Gender: M / F Hebrew Name: _____

B'nai Mitzvah Date: _____ My child is entering 5th, 6th or 7th grade and needs a

Previous Religious School: _____ Years Attended: _____

School/University _____ Grade: _____

E-mail: _____ Address at School: _____

First Name: _____ Last Name: _____

Birth Date: _____ Gender: M / F Hebrew Name: _____

B'nai Mitzvah Date: _____ My child is entering 5th, 6th or 7th grade and needs a

Previous Religious School: _____ Years Attended: _____

School/University _____ Grade: _____

E-mail: _____ Address at School: _____

First Name: _____ Last Name: _____

Birth Date: _____ Gender: M / F Hebrew Name: _____

B'nai Mitzvah Date: _____ My child is entering 5th, 6th or 7th grade and needs a

Previous Religious School: _____ Years Attended: _____

School/University _____ Grade: _____

E-mail: _____ Address at School: _____

ADULT CHILDREN

Name: _____ Spouse's Name: _____

Address: _____

Contact Number: _____ Email: _____

Name: _____ Spouse's Name: _____

Address: _____

Contact Number: _____ Email: _____

YAHARZEIT RECORDS

English Name of Deceased	Relationship to Congregant i.e. Mother of David	Date of Death (English)	Would you like to observe the English or Hebrew date?	Indicate if time of death was before or after sunset

Would you like information on Financial Aid? Yes No

How did you learn about Temple Isaiah? Please check all that apply:

- Print Advertising Which publication? _____
- Online Where? _____
- We are a Preschool family We are a Religious School family.
- We attended a program Which program? _____
- From a Temple member Who? _____

I WOULD LIKE INFORMATION ON:

- | | | |
|---|---|--|
| <input type="checkbox"/> Temple Isaiah Religious School | <input type="checkbox"/> Temple Isaiah Preschool | <input type="checkbox"/> Youth Group |
| <input type="checkbox"/> Sisterhood | <input type="checkbox"/> Men's Club | <input type="checkbox"/> Renaissance (Empty Nesters) |
| <input type="checkbox"/> Social Action Committee | <input type="checkbox"/> Care Committee | <input type="checkbox"/> Sacred Grounds Committee |
| <input type="checkbox"/> Choir | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Volunteer at Isaiah's Gifts |
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Lay Leader Participation | <input type="checkbox"/> Volunteer Opportunities |
| <input type="checkbox"/> ConnectIon (20s/30s) | <input type="checkbox"/> Young Family Programming | |

Do you have any additional skills or interests you would like to share with us?

DO YOU HAVE ANY RELATIVES WHO ARE MEMBERS OF TEMPLE ISAIAH?

Name:

Relationship:
