



TEMPLE ISAIAH MEMBERSHIP APPLICATION

12200 Scaggsville Road • Fulton, MD 20759

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:
Email:	Email:
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 whether or not you want to be included in the roster.

Yes, include me/us in the roster.

No, do not include me/us in the roster.

A \$200 deposit is due with this application.

FOR OFFICE USE ONLY:

Date Received	
Check #/Amount	
Family Type	
Member Commitment	
Security Fee	

CHILDREN LIVING AT HOME/FULL TIME STUDENTS

First Name: _____ Last Name: _____

Birth Date: _____ Gender: _____ Hebrew Name: _____

B'nai Mitzvah Date: _____ Entering 5th, 6th or 7th Grade and needs a B'nai Mitzvah date

Previous Religious School: _____ Years Attended: _____

School/University _____ Grade: _____

Email: _____ Address at School: _____

First Name: _____ Last Name: _____

Birth Date: _____ Gender: _____ Hebrew Name: _____

B'nai Mitzvah Date: _____ Entering 5th, 6th or 7th Grade and needs a B'nai Mitzvah date

Previous Religious School: _____ Years Attended: _____

School/University _____ Grade: _____

Email: _____ Address at School: _____

First Name: _____ Last Name: _____

Birth Date: _____ Gender: _____ Hebrew Name: _____

B'nai Mitzvah Date: _____ Entering 5th, 6th or 7th Grade and needs a B'nai Mitzvah date

Previous Religious School: _____ Years Attended: _____

School/University _____ Grade: _____

Email: _____ Address at School: _____

ADULT CHILDREN

Name: _____ Spouse's Name: _____

Address: _____

Contact Number: _____ Email: _____

Name: _____ Spouse's Name: _____

Address: _____

Contact Number: _____ Email: _____

YAHREIT 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:

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

I WOULD LIKE INFORMATION ON:

- | | | |
|---|---|--|
| <input type="checkbox"/> Temple Isaiah Religious School | <input type="checkbox"/> Temple Isaiah Preschool | <input type="checkbox"/> Youth Groups |
| <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 | <input type="checkbox"/> Mechadeish |

SKILLS AND TALENTS:

- | | | |
|---|--|---|
| <input type="checkbox"/> Advertising/Public Relations | <input type="checkbox"/> Writing/Editing | <input type="checkbox"/> Read/Chant Torah |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Teacher | <input type="checkbox"/> Play an Instrument |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Sign Language | <input type="checkbox"/> Knit Crochet |
| <input type="checkbox"/> Non-Profit Administration | <input type="checkbox"/> Spanish | <input type="checkbox"/> Singing/Choir |

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

Name: _____ Relationship: _____
