



NEW MEMBERSHIP APPLICATION

Thank you for your interest in becoming a member of Temple B'nai Or. Please complete the sections that apply to your household. The information you provide helps us maintain accurate membership records and communicate with you in the manner you prefer.

HOUSEHOLD INFORMATION

Enter shared household address and primary phone number once. These details apply to the household.

Home address

City / State / ZIP

Primary household phone:

ADULT 1

Please complete all applicable fields and tell us how you would like Temple B'nai Or to address you.

Preferred title / form of address (e.g., Ms., Mr., Mrs., Dr., Rabbi, Cantor):

Legal / full name

Preferred / informal name

Hebrew name

Date of birth

Sex

Jewish status: ☐ Jewish ☐ Not Jewish ☐ In the process of converting ☐ Interested in conversion

Marital / relationship status: ☐ Single ☐ Married ☐ Partnered ☐ Civil Union ☐ Divorced ☐ Separated

Anniversary date (if applicable)

ADULT 1 CONTACT INFORMATION

Adult 1 mobile:

Adult 1 email:

Religious school teaching experience:

Reads Hebrew: ☐ Yes ☐ No ☐ Some

EMPLOYMENT & PROFESSIONAL INFORMATION

Please complete the information below if applicable.

Occupation: _____

Employer: _____

Business phone: _____

Business address _____

City / State / ZIP _____

ADULT 2

Please complete all applicable fields and tell us how you would like Temple B'nai Or to address you.

Preferred title / form of address (e.g., Ms., Mr., Mrs.,
Dr., Rabbi, Cantor): _____

Legal / full name

Preferred / informal name

Hebrew name

Date of birth

Sex

Jewish status: ☐ Jewish ☐ Not Jewish ☐ In the process of converting ☐ Interested in conversion

Marital / relationship status: ☐ Single ☐ Married ☐ Partnered ☐ Civil Union ☐ Divorced ☐ Separated

Anniversary date (if applicable)

ADULT 2 CONTACT INFORMATION

Adult 2 mobile: _____

Adult 2 email: _____

Religious school teaching experience: _____

Reads Hebrew: ☐ Yes ☐ No ☐ Some

EMPLOYMENT & PROFESSIONAL INFORMATION

Please complete the information below if applicable.

Occupation: _____

Employer: _____

Business phone: _____

Business address _____

City / State / ZIP _____

ADDITIONAL ADULT

For additional adults in your household, complete this section. Print another copy for each additional adult.

Relationship to Adult 1: _____

Relationship to Adult 2: _____

Preferred title / form of address (e.g., Ms., Mr., Mrs., Dr., Rabbi, Cantor): _____

Legal / full name _____

Preferred / informal name _____

Hebrew name _____

Date of birth _____

Sex _____

Jewish status: ☐ Jewish ☐ Not Jewish ☐ In the process of converting ☐ Interested in conversion

Marital / relationship status: ☐ Single ☐ Married ☐ Partnered ☐ Civil Union ☐ Divorced ☐ Separated

Anniversary date (if applicable) _____

ADDITIONAL ADULT CONTACT INFORMATION

Please provide contact information you would like the Temple to use for communications.

Additional Adult mobile: _____

Additional Adult email: _____

Religious school teaching experience: _____

Reads Hebrew: ☐ Yes ☐ No ☐ Some

EMPLOYMENT & PROFESSIONAL INFORMATION

Please complete the information below if applicable.

Occupation: _____

Employer: _____

Business phone: _____

Business address _____

City / State / ZIP _____

Preferred form of address: By recording a preferred title/form of address above, you are helping us avoid assumptions and use the form of address you prefer in Temple correspondence and records.

CHILDREN & FAMILY INFORMATION

Please complete one section per child. If you have more than four children, please attach an additional page.

CHILD 1

Full name

Preferred / informal name

Hebrew name

Date of birth

Sex

Living at home?

☐ Yes ☐ No

Regular school

Grade

College address (if applicable)

Bar/Bat Mitzvah: ☐ Yes ☐ No

Bar/Bat Mitzvah date (if applicable)

Confirmed?

☐ Yes ☐ No

Confirmation date (if applicable)

Marital / relationship status: ☐ Single ☐ Married ☐ Partnered ☐ Civil Union ☐ Divorced ☐ Separated

CHILD 2

Full name

Preferred / informal name

Hebrew name

Date of birth

Sex

Living at home?

☐ Yes ☐ No

Regular school

Grade

College address (if applicable)

Bar/Bat Mitzvah: ☐ Yes ☐ No

Bar/Bat Mitzvah date (if applicable)

Confirmed?

☐ Yes ☐ No

Confirmation date (if applicable)

Marital / relationship status: ☐ Single ☐ Married ☐ Partnered ☐ Civil Union ☐ Divorced ☐ Separated

CHILD 3

Full name

Preferred / informal name

Hebrew name

Date of birth

Sex

Living at home?

☐ Yes ☐ No

Regular school

Grade

College address (if applicable)

Bar/Bat Mitzvah: ☐ Yes ☐ No

Bar/Bat Mitzvah date (if applicable)

Confirmed?

☐ Yes ☐ No

Confirmation date (if applicable)

Marital / relationship status: ☐ Single ☐ Married ☐ Partnered ☐ Civil Union ☐ Divorced ☐ Separated

CHILD 4

Full name

Preferred / informal name

Hebrew name

Date of birth

Sex

Living at home?

☐ Yes ☐ No

Regular school

Grade

College address (if applicable)

Bar/Bat Mitzvah: ☐ Yes ☐ No

Bar/Bat Mitzvah date (if applicable)

Confirmed?

☐ Yes ☐ No

Confirmation date (if applicable)

Marital / relationship status: ☐ Single ☐ Married ☐ Partnered ☐ Civil Union ☐ Divorced ☐ Separated

Yahrzeit Information

If you would like the Temple to maintain yahrzeit information and provide anniversary notifications, please complete the information below.

Preferred yahrzeit notification date: ☐ English date ☐ Hebrew date

Name	Relationship	Date of death (MM/DD/YYYY)
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

Becoming a Member

Our Goal

Temple B'nai Or is our spiritual home, and our relationship with the Temple is a sacred covenant grounded in care, mutual commitment, and meaningful participation.

For information about this year's Kehilah Membership Program, please contact our Executive Director at 973.539.4539 or office@templebnaior.org.

Timing

Voluntary Financial Commitments are billed annually and may be paid in full or in installments. The Temple's fiscal year runs from July 1 through June 30, with July designated as Pledge Month. To maintain good standing with the Temple, members are encouraged to fulfill their annual commitment or establish a payment arrangement during Pledge Month.

Photo and Video Release

Temple B'nai Or may photograph or record video at Temple events and activities and may use this content in its publications, on its website, and across its social media channels. If you prefer not to be photographed or recorded, please notify us.

Application & Signatures

By signing below, each applicant confirms that they are applying for membership in Temple B'nai Or.

Adult 1 — printed name

Signature

Date

Adult 2 — printed name

Signature

Date

OFFICE USE • Entered by

OFFICE USE • Date

OFFICE USE • Member Code
