

TEMPLE BETH ABRAHAM  
4 RAYMOND STREET  
NASHUA, NEW HAMPSHIRE 03064-2317  
(603) 883-8184 FAX (603) 594-8984

**MEMBERSHIP APPLICATION AND RECORD FORM**

Check One

New  Renewal

Check One

Family  Single  Retired Senior

Name of Applicant: (Please Print)

Mo. / Day / Yr.

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First MI

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
\_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Female's Maiden Name: \_\_\_\_\_ Date of Marriage: \_\_\_\_/\_\_\_\_/\_\_\_\_

Occupation: (Male) \_\_\_\_\_ Bus. Phone: \_\_\_\_\_  
(Female) \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

Hebrew Names: (Male) \_\_\_\_\_ ben \_\_\_\_\_  
(Female) \_\_\_\_\_ bat \_\_\_\_\_

DEPENDENT CHILDREN

<u>English Name</u>	<u>Hebrew Name</u>	<u>Date of Birth</u> Mo. / Day / Year
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

Yahrzeits

<u>English Name</u>	<u>Relationship</u>	<u>English Date of Death</u> Mo. / Day / Year
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

Prior Congregational Affiliation:  Orthodox  Conservative  Reform

Name & Location of Former Congregation: \_\_\_\_\_

Length of Affiliation: \_\_\_\_\_ Positions Held and/or Committees worked on: \_\_\_\_\_

**JEWISH EDUCATION:**

<u>Male</u>		<u>Female</u>	<u>Male</u>		<u>Female</u>
_____	Sunday School	_____	_____	Jewish Camping	_____
_____	Hebrew School	_____	_____	Temple Youth Groups	_____
_____	Bar/Bat Mitzvah	_____	_____	Hillel, etc. _____	
_____	Confirmation	_____	_____	Able to Read Hebrew	_____
_____	Advanced Jewish Studies	_____	_____	Able to Speak Hebrew	_____
_____	Visited Israel	_____	_____	Able to Teach Hebrew	_____

Special Interests and/or Talents: \_\_\_\_\_  
 \_\_\_\_\_

What specific activities would you like to participate in or see offered?  
 \_\_\_\_\_  
 \_\_\_\_\_

On which of the following committee(s) might you like to be involved?

M F	M F	M F	M F
__ __	__ __	__ __	__ __
Membership	Fund Raising	House	Phone
__ __	__ __	__ __	__ __
Religious School	Bulletin	Social/Cultural	Library
__ __	__ __	__ __	__ __
Adult Education	Ritual	Finance	Singles
__ __	__ __	__ __	__ __
Youth	Seniors	Community Relations & Publicity	

Would you like to be contacted with more information on the following:

M F	M F	M F	M F
__ __	__ __	__ __	__ __
Sisterhood	Adult Education	Religious School	Youth Groups
__ __	__ __	__ __	__ __
Hadassah	Hebrew High School	Nursery School	Men's Club
__ __	__ __	__ __	__ __
ORT	Bar/Bat Mitzvah Preparation		Other
__ __	(Child? Adult?)		(specify) _____

In what ways do you feel we might be able to be of service to you and/or your family? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please enclose 50% deposit on dues, payable to Temple Beth Abraham, with this form.**

Thank you and welcome to the TBA Family,  
 Temple Beth Abraham Membership Committee

Member's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Application accepted for Temple Beth Abraham by:  
 \_\_\_\_\_ Date: \_\_\_\_\_  
 Treasurer

If you would like more information or have any questions, please call the office at 883-8184.