



TEMPLE BETH TIKVAH

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 E-mail info@tbto.org
 Website www.tbto.org

CONGREGANT PROFILE

Date _____

<u>MEMBER A</u>	<u>MEMBER B</u>
Mr. Mrs. Ms. Dr. Other _____	Mr. Mrs. Ms. Dr. Other _____
Last Name _____	Last Name _____
First Name _____ MI _____	First Name _____ MI _____
Hebrew Name _____	Hebrew Name _____
ben/bat _____	ben/bat _____
Birth date: Month _____ Date _____ Year _____	Birth date: Month _____ Date _____ Year _____
Student _____ Retired _____ Other _____	Student _____ Retired _____ Other _____
Last School Attended _____ Date _____	Last School Attended _____ Date _____
Degree _____	Degree _____

Prev. Synagogue Affiliation _____	Prev. Synagogue Affiliation _____
Bd. Member _____ Committee Member _____	Bd. Member _____ Committee Member _____
Religious School Teacher _____ Preschool Teacher _____	Religious School Teacher _____ Preschool Teacher _____
Bar/Bat Mitzvah Date _____ Confirmation Date _____	Bar/Bat Mitzvah Date _____ Confirmation Date _____
Jewish Organizational Involvement _____	Jewish Organizational Involvement _____
Read Hebrew ____ Speak Hebrew ____ Chant Hebrew ____	Read Hebrew ____ Speak Hebrew ____ Chant Hebrew ____

Occupation _____	Occupation _____
Business Name _____	Business Name _____
Business Address _____	Business Address _____
Business Phone () _____	Business Phone () _____

Cell Phone _____	Cell Phone _____
Email _____	Email _____

Residence Address _____
number street city zip code

Home Phone () _____ Fax () _____

Billing Address (if different from residence) _____

Wedding Anniversary Date _____

In case of emergency, contact _____ () _____

name relationship phone

Children (18 years or younger)

Last Name _____ First _____ Middle _____ M F Other
Current School Grade _____ Birth date: Month _____ Date _____ Year _____
Hebrew Name _____ ben/bat _____

Last Name _____ First _____ Middle _____ M F Other
Current School Grade _____ Birth date: Month _____ Date _____ Year _____
Hebrew Name _____ ben/bat _____

Last Name _____ First _____ Middle _____ M F Other
Current School Grade _____ Birth date: Month _____ Date _____ Year _____
Hebrew Name _____ ben/bat _____

Children (19 years or older)

Last Name _____ First _____ Middle _____ M F Other
Birth date: Month _____ Date _____ Year _____
Hebrew Name _____ ben/bat _____
Is he/she still in school? _____ Where? _____

Last Name _____ First _____ Middle _____ M F Other
Birth date: Month _____ Date _____ Year _____
Hebrew Name _____ ben/bat _____
Is he/she still in school? _____ Where? _____

Last Name _____ First _____ Middle _____ M F Other
Birth date: Month _____ Date _____ Year _____
Hebrew Name _____ ben/bat _____
Is he/she still in school? _____ Where? _____

Do you own cemetery property? Yes No If yes, name of memorial park _____
Have you made other arrangements? Yes No Please describe _____
Would you like to be contacted about funeral/cemetery programs? Yes No
Will you donate blood? Member A Yes No Blood Type _____ Member B Yes No Blood Type _____

Yahrzeits

Please check: **Email Yahrzeit notices** or **Hardcopy Yahrzeit notices**

Please list names and dates of death for those whom you wish yahrzeit (anniversary of death) notices sent. Please note: Not having the year of death may cause incorrect listings.

Deceased Name: _____

Relationship: _____ Notify Member: _____

English Date: _____ Hebrew Date: _____

Do you want to be notified by the English or the Hebrew date? _____

Deceased Name: _____

Relationship: _____ Notify: _____

English Date: _____ Hebrew Date: _____

Do you want to be notified by the English or the Hebrew date? _____

Deceased Name: _____

Relationship: _____ Notify: _____

English Date: _____ Hebrew Date: _____

Do you want to be notified by the English or the Hebrew date? _____

Deceased Name: _____

Relationship: _____ Notify: _____

English Date: _____ Hebrew Date: _____

Do you want to be notified by the English or the Hebrew date? _____

Deceased Name: _____

Relationship: _____ Notify: _____

English Date: _____ Hebrew Date: _____

Do you want to be notified by the English or the Hebrew date? _____

Deceased Name: _____

Relationship: _____ Notify: _____

English Date: _____ Hebrew Date: _____

Do you want to be notified by the English or the Hebrew date? _____

Please indicate **A** for Member A and **B** for Member B to show which activities you would like to join:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Adult B'nai Mitzvah | <input type="checkbox"/> Mitzvah Corps (shiva) | <input type="checkbox"/> Singles Under 30 | <input type="checkbox"/> Social Action |
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Music | <input type="checkbox"/> Singles Over 30 | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Chavurah | <input type="checkbox"/> Choral | <input type="checkbox"/> Sisterhood | <input type="checkbox"/> Torah Study |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Instrumental | <input type="checkbox"/> Small Groups (book | <input type="checkbox"/> Young Families |
| <input type="checkbox"/> Jewish Education | <input type="checkbox"/> Office Volunteer | Club, creative writing, Mahjong, | |
| <input type="checkbox"/> Men's Club | <input type="checkbox"/> Senior Activities | bridge, pan, ping pong, Rosh | |
| | | Chodesh (women), poker (men) | |

We would like to invite you to become active in the leadership of our congregation. Please indicate **A** for Member A and **B** for Member B to show which committees you would like to join:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Jewish Education | <input type="checkbox"/> Legal | <input type="checkbox"/> Social Action (tikkun olam,
Mitzvah Meals) |
| <input type="checkbox"/> Caring Community | <input type="checkbox"/> Preschool | <input type="checkbox"/> Library | <input type="checkbox"/> Social Programs |
| <input type="checkbox"/> Cemetery | <input type="checkbox"/> Elementary | <input type="checkbox"/> Membership | <input type="checkbox"/> Ushers/Greeters |
| <input type="checkbox"/> Facilities | <input type="checkbox"/> Teen | <input type="checkbox"/> Music | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Hebrew | <input type="checkbox"/> Publicity | |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Youth Group | <input type="checkbox"/> Religious Practices | |

Do you have any special talents to share with our congregation?

Do you have any special needs?

Please give us any additional information (i.e. home situation, etc.) to better enable us to serve you and your family.

We look forward to your involvement in the multitude of programs and activities that Temple Beth Tikvah has to offer. Any questions? Please call our office (714/871-3535)

