



Membership Application

Temple Israel of Hollywood

Office Use Only:
cc: _____ check: _____ date: _____

7300 Hollywood Boulevard Los Angeles, CA (323) 876-8330 F (323) 876-6341 www.tioh.org

Welcome. Please complete the information on both sides of this application.

Name(s) _____
(Please print names as you wish them to be listed on Temple roster.)

Home Address _____ Home Phone _____

City _____ State _____ Zip Code _____

Status: Single Divorced Separated Widowed Partners/ Married (month/date/year _____/_____/_____)

	Member A	Member B
Full Name (include maiden name, if applicable)		
Preferred Name		
Date of Birth		
Birthplace		
Preferred Email for Temple Correspondence		
Cell Phone		
Occupation/Profession		
Specialization or Expertise		
Business Name		
Business Address		
Business City, State, Zip		
Business Phone & Ext. No.		
Business Email		
Business Fax Number		
Raised in which Religious Tradition? (circle)	Reform Conservative Orthodox Reconstructionist Jew-by-Choice Secular Non-Practicing Other _____	Reform Conservative Orthodox Reconstructionist Jew-by-Choice Secular Non-Practicing Other: _____
Current or previous affiliation w/religious institutions		
List relationship to any member of Temple Israel		

How did you hear about TIOH?

- Referred by _____
- Website
- Jewish Publication
- Live in neighborhood
- Other _____

Reason for joining:

- Worship Services
- Children in (circle): Nursery School/ Day School/ Religious School/ B'nai Mitzvah
- Commitment to social action/justice
- New to area
- Adult learning
- Community
- Other _____

PLEASE FILL IN THE FOLLOWING INFORMATION AS IT APPLIES TO EACH OF YOUR MINOR CHILDREN

	CHILD #1	CHILD #2	CHILD #3	CHILD #4
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PLEASE FILL IN THE FOLLOWING INFORMATION AS IT APPLIES TO EACH OF YOUR MINOR CHILDREN

	CHILD #1	CHILD #2	CHILD #3	CHILD #4
First Name				
Middle Name				
Last Name				
Birthdate				
Gender (circle)	Male/Female	Male/Female	Male/Female	Male/Female
Does child attend TIOH school? Which one?				
Bar/Bat Mitzvah Date				
Confirmation Date				

PLEASE FILL IN THE FOLLOWING INFORMATION AS IT APPLIES TO EACH OF YOUR CHILDREN 18 & OVER

If college student, school & expected date of graduation				
Address (specify if college address)				
Marital Status				
Name of spouse (if married)				
Occupation				

(Please attach additional sheet with identical information for additional children.)

Additional individuals currently residing with you and your relationship _____

Would you like to have a personal meeting with one of our rabbis? Yes No

Are you and/or your spouse a survivor of the Holocaust or children of survivors? Yes No

Can you and/or your spouse read Hebrew? Yes No Speak Hebrew? Yes No

If applicable, please list present affiliations in L.A. civic & cultural clubs, Jewish & community organizations:

For security purposes, please provide us with the following information for your family cars.

Make/model/year

License plate #

Make/model/year

License plate #

Make/model/year

License plate #

Please list names and dates of those for whom you wish *Yahrzeit* (anniversary of death) notices sent. I/ We would like to observe the secular or Hebrew date for *Yahrzeit* of my loved ones (attach an additional sheet if necessary).

NAME	DATE OF DEATH (MM/DD/YYYY)	RELATIONSHIP TO WHICH MEMBER
	/ /	to
	/ /	to
	/ /	to
	/ /	to
	/ /	to

PERSON TO CONTACT IN CASE OF EMERGENCY

Name _____ Home Phone _____ Cell Phone _____ Relationship _____

Name _____ Home Phone _____ Cell Phone _____ Relationship _____