



MEMBERSHIP REGISTRATION
514 MAIN STREET
HAVERHILL, MA 01830

978-373-3861



TEMPLE EMANU-EL IN HAVERHILL, MA

WWW.TEMPLEEMANU-EL.ORG

MARITAL STATUS: MARRIED SINGLE DIVORCED SEPARATED

FIRST ADULT: _____ D.O.B. _____
Last First

HEBREW NAME: (in English): _____

SECOND ADULT: _____ D.O.B. _____
Last First

HEBREW NAME: (in English): _____

ADDRESS: _____

CITY _____ STATE: _____ ZIP _____

HOME PHONE: _____

FIRST ADULT CELL PHONE: _____ SECOND ADULT CELL PHONE: _____

FIRST ADULT EMAIL ADDRESS: _____ SECOND ADULT EMAIL ADDRESS: _____

FIRST ADULT EMPLOYER OR BUSINESS: _____

BUSINESS ADDRESS: _____ STATE: _____ ZIP: _____

WORK PHONE: _____ WORK FAX: _____ WORK EMAIL: _____

OCCUPATION: _____

SECOND ADULT EMPLOYER OR BUSINESS: _____

BUSINESS ADDRESS: _____ STATE: _____ ZIP: _____

WORK PHONE: _____ WORK FAX: _____ WORK EMAIL: _____

OCCUPATION: _____

SPECIAL INTEREST: _____

TALENTS: _____

- COMMITTEE INTEREST:** ADULT ED BROTHERHOOD CHESED FUNDRAISING HOUSE PTO
- OUTREACH RELIGIOUS PRACTICE RELIGIOUS SCHOOL RENOVATIONS SECURITY SISTERHOOD
- SOCIAL SOCIAL ACTION YOUTH

CHILDREN CURRENTLY LIVING IN HOUSEHOLD:

ENGLISH NAME

HEBREW NAME
(PRINT IN ENGLISH)

DATE OF BIRTH

ENGLISH GRADE

Yahrzeits: (TO BE RECORDED AND NOTICES TO BE SENT ANNUALLY)

DECEASED'S NAME

MEMBER'S NAME

**RELATIONSHIP
TO DECEASED**

DATE OF DEATH

**DID DEATH OCCUR
AFTER SUNDOWN?**

PREVIOUS SYNAGOGUE AFFILIATION:

NAME OF TEMPLE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (_____) _____ - _____

AGREEMENT

As a member of Temple Emanu-El, I agree to pay for the support and maintenance of the Temple, dues, and fees as determined by the Board of Directors, and as agreed to by the dues committee and myself.

Signed: _____

Date: _____