



Temple Ner Tamid
 936 Broad Street
 Bloomfield, New Jersey 07003
 (973) 338-1500

2018-2019 MEMBERSHIP APPLICATION - PART 1: ABOUT YOU

Welcome to Temple Ner Tamid. We are delighted that you are becoming a member. We encourage involvement and the information below will facilitate your engagement with our community. Please complete this form, sign, and return it along with "Membership Application Part 2: Your Financial Responsibility" and your minimum deposit as described on that form.

If you have any questions, please contact our Temple Administrator Laurie Schifano at (973) 338-1500 x5 or lschifano@nertamid.org.

Basic Facts About Adult Member(s)	Adult #1	Adult #2
Title/salutation you prefer	<input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> None <input type="checkbox"/> Other _____	<input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> None <input type="checkbox"/> Other _____
First/middle names		
Last name		
Nickname		
Date of birth		
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male
Marital Status	<input type="checkbox"/> Married - please give date of wedding/commitment ceremony: _____ <input type="checkbox"/> Single - never married <input type="checkbox"/> Single - divorced <input type="checkbox"/> Single - widow/er <input type="checkbox"/> Other - please describe: _____	

Your Home	Adult #1	Adult #2
Home street/mailling address		
City/state/ZIP		
Home phone		
Cell phone		
Email address		
Billing Email address <i>(If different than listed above)</i>		

If you spend a significant part of the year away from the area, please complete this section:

During what months?	
Alternate mailing address	
City/state/ZIP	
Phone	

How did you become aware of Ner Tamid?

- Referred by a Ner Tamid member - who? _____
- Other - please describe _____

Your Work Life	Adult #1	Adult #2
Occupation/profession		
Job title/description		
Full-time/part-time/retired?	<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Retired	<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Retired
Self-employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer/business name		
Business phone number	() - Extension:	() - Extension:
Business E-mail address		

Your Children Under Age 25 Living at Home Full-Time

Basic Facts	Child #1	Child #2	Child #3
First/middle names			
Last name			
Nickname			
Hebrew name			
Current school			
Current grade			
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male
Date of birth			
Cell number			
Email address			

Your Children Under Age 25 Who Are Away at School/College or Not Living at Home Full-Time

Basic Facts	Child #1	Child #2
First/middle names		
Last name		
Nickname		
Hebrew name		
Location-school name		
Mailing address		
City/state/ZIP		
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male
Date of birth		
Cell number		
Email address		

Include information for additional children on a separate sheet.

Your Religious Traditions	Adult #1	Adult #2
Are you: (Check one)	<input type="checkbox"/> Born Jewish <input type="checkbox"/> Jew by choice <input type="checkbox"/> Other faith - which denomination? _____	<input type="checkbox"/> Born Jewish <input type="checkbox"/> Jew by choice <input type="checkbox"/> Other faith - which denomination? _____
Previous Jewish affiliations (if any). If more than one, identify in chronological order with a "1" next to your first, and so forth.	<input type="checkbox"/> Conservative <input type="checkbox"/> Reform <input type="checkbox"/> Reconstructionist <input type="checkbox"/> Orthodox <input type="checkbox"/> Secular	<input type="checkbox"/> Conservative <input type="checkbox"/> Reform <input type="checkbox"/> Reconstructionist <input type="checkbox"/> Orthodox <input type="checkbox"/> Secular
Most recent synagogue affiliation (if any) – include both the name and city/state.		
The extent of your formal Jewish education. (Check all that apply.)	<input type="checkbox"/> Religious/Hebrew School (as a child) <input type="checkbox"/> Bar/Bat Mitzvah <input type="checkbox"/> Confirmation <input type="checkbox"/> Hebrew high school <input type="checkbox"/> College/graduate studies <input type="checkbox"/> Yeshiva/seminary <input type="checkbox"/> Other _____ <input type="checkbox"/> None	<input type="checkbox"/> Religious/Hebrew School (as a child) <input type="checkbox"/> Bar/Bat Mitzvah <input type="checkbox"/> Confirmation <input type="checkbox"/> Hebrew high school <input type="checkbox"/> College/graduate studies <input type="checkbox"/> Yeshiva/seminary <input type="checkbox"/> Other _____ <input type="checkbox"/> None
Which best describes your current knowledge of Hebrew.	<input type="checkbox"/> Basic alef-bet <input type="checkbox"/> Prayerbook (with difficulty) <input type="checkbox"/> Prayerbook (with ease) <input type="checkbox"/> Fluent speaker <input type="checkbox"/> Other _____ <input type="checkbox"/> None/forgotten what I once knew	<input type="checkbox"/> Basic alef-bet <input type="checkbox"/> Prayerbook (with difficulty) <input type="checkbox"/> Prayerbook (with ease) <input type="checkbox"/> Fluent speaker <input type="checkbox"/> Other _____ <input type="checkbox"/> None/forgotten what I once knew
Your Hebrew name (if known)		

Your Family Roots	Adult #1	Adult #2
Parent's full name		
Hebrew name (if known)		
Is s/he	<input type="checkbox"/> Living <input type="checkbox"/> Deceased	<input type="checkbox"/> Living <input type="checkbox"/> Deceased
Parent's full name		
Hebrew name (if known)		
Is s/he	<input type="checkbox"/> Living <input type="checkbox"/> Deceased	<input type="checkbox"/> Living <input type="checkbox"/> Deceased

Yahrzeit Information	Adult #1	Adult #2
Name 1		
Relationship		
Date of death (Gregorian)		
Hebrew date (if known)		
I/we want to observe this date:	<input type="checkbox"/> Gregorian <input type="checkbox"/> Hebrew	<input type="checkbox"/> Gregorian <input type="checkbox"/> Hebrew
Name 2		
Relationship		
Date of death (Gregorian)		
Hebrew date (if known)		
I/we want to observe this date:	<input type="checkbox"/> Gregorian <input type="checkbox"/> Hebrew	<input type="checkbox"/> Gregorian <input type="checkbox"/> Hebrew
Name 3		
Relationship		
Date of death (Gregorian)		
Hebrew date (if known)		
I/we want to observe this date:	<input type="checkbox"/> Gregorian <input type="checkbox"/> Hebrew	<input type="checkbox"/> Gregorian <input type="checkbox"/> Hebrew
Name 4		
Relationship		
Date of death (Gregorian)		
Hebrew date (if known)		
I/we want to observe this date:	<input type="checkbox"/> Gregorian <input type="checkbox"/> Hebrew	<input type="checkbox"/> Gregorian <input type="checkbox"/> Hebrew

Your Interests/Concerns	Adult #1	Adult #2																																																
What attracted you to TNT?																																																		
What special skills/knowledge would you like to share with the TNT community?																																																		
Would you like to join a Chavurah? (10-12 individuals or families who get together to share Shabbat/other Jewish experiences or other activities.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not now but maybe in the future	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not now but maybe in the future																																																
What areas of interest or volunteer work (Jewish and/or non-Jewish) are important to you?	<input type="checkbox"/> Worship <input type="checkbox"/> Torah & text study <input type="checkbox"/> Holiday observances & celebrations <input type="checkbox"/> Hebrew study <input type="checkbox"/> Chanting/meditation <input type="checkbox"/> Informal discussion groups <input type="checkbox"/> Book discussions <input type="checkbox"/> Adult learning <input type="checkbox"/> Child education <input type="checkbox"/> Children/family services <input type="checkbox"/> Preschool <input type="checkbox"/> Israel <input type="checkbox"/> Aiding members w/ difficulties (Chesed) <input type="checkbox"/> Social action (Tikkun Olam) <input type="checkbox"/> Art <input type="checkbox"/> Cooking/baking <input type="checkbox"/> Theater/Purimspiel <input type="checkbox"/> Music/choir/band <input type="checkbox"/> TNT sports teams <input type="checkbox"/> Event planning <input type="checkbox"/> Facilities improvement <input type="checkbox"/> Fundraising/development <input type="checkbox"/> Other _____ _____ _____	<input type="checkbox"/> Worship <input type="checkbox"/> Torah & text study <input type="checkbox"/> Holiday observances & celebrations <input type="checkbox"/> Hebrew study <input type="checkbox"/> Chanting/meditation <input type="checkbox"/> Informal discussion groups <input type="checkbox"/> Book discussions <input type="checkbox"/> Adult learning <input type="checkbox"/> Child education <input type="checkbox"/> Children/family services <input type="checkbox"/> Preschool <input type="checkbox"/> Israel <input type="checkbox"/> Aiding members w/ difficulties (Chesed) <input type="checkbox"/> Social action (Tikkun Olam) <input type="checkbox"/> Art <input type="checkbox"/> Cooking/baking <input type="checkbox"/> Theater/Purimspiel <input type="checkbox"/> Music/choir/band <input type="checkbox"/> TNT sports teams <input type="checkbox"/> Event planning <input type="checkbox"/> Facilities improvement <input type="checkbox"/> Fundraising/development <input type="checkbox"/> Other _____ _____ _____																																																
What's the best time for you to be involved? CIRCLE ALL THAT ARE GOOD FOR YOU.	<table border="1"> <thead> <tr> <th><u>Morning</u></th> <th><u>Afternoon</u></th> <th><u>Evening</u></th> </tr> </thead> <tbody> <tr><td>Mon</td><td>Mon</td><td>Mon</td></tr> <tr><td>Tues</td><td>Tues</td><td>Tues</td></tr> <tr><td>Wed</td><td>Wed</td><td>Wed</td></tr> <tr><td>Thurs</td><td>Thurs</td><td>Thurs</td></tr> <tr><td>Fri</td><td>Fri</td><td>Fri</td></tr> <tr><td>Sat</td><td>Sat</td><td>Sat</td></tr> <tr><td>Sun</td><td>Sun</td><td>Sun</td></tr> </tbody> </table>	<u>Morning</u>	<u>Afternoon</u>	<u>Evening</u>	Mon	Mon	Mon	Tues	Tues	Tues	Wed	Wed	Wed	Thurs	Thurs	Thurs	Fri	Fri	Fri	Sat	Sat	Sat	Sun	Sun	Sun	<table border="1"> <thead> <tr> <th><u>Morning</u></th> <th><u>Afternoon</u></th> <th><u>Evening</u></th> </tr> </thead> <tbody> <tr><td>Mon</td><td>Mon</td><td>Mon</td></tr> <tr><td>Tues</td><td>Tues</td><td>Tues</td></tr> <tr><td>Wed</td><td>Wed</td><td>Wed</td></tr> <tr><td>Thurs</td><td>Thurs</td><td>Thurs</td></tr> <tr><td>Fri</td><td>Fri</td><td>Fri</td></tr> <tr><td>Sat</td><td>Sat</td><td>Sat</td></tr> <tr><td>Sun</td><td>Sun</td><td>Sun</td></tr> </tbody> </table>	<u>Morning</u>	<u>Afternoon</u>	<u>Evening</u>	Mon	Mon	Mon	Tues	Tues	Tues	Wed	Wed	Wed	Thurs	Thurs	Thurs	Fri	Fri	Fri	Sat	Sat	Sat	Sun	Sun	Sun
<u>Morning</u>	<u>Afternoon</u>	<u>Evening</u>																																																
Mon	Mon	Mon																																																
Tues	Tues	Tues																																																
Wed	Wed	Wed																																																
Thurs	Thurs	Thurs																																																
Fri	Fri	Fri																																																
Sat	Sat	Sat																																																
Sun	Sun	Sun																																																
<u>Morning</u>	<u>Afternoon</u>	<u>Evening</u>																																																
Mon	Mon	Mon																																																
Tues	Tues	Tues																																																
Wed	Wed	Wed																																																
Thurs	Thurs	Thurs																																																
Fri	Fri	Fri																																																
Sat	Sat	Sat																																																
Sun	Sun	Sun																																																

<p>Are there particular groups within our community you would be interested in connecting with?</p>	<input type="checkbox"/> Adoptive/foster parents <input type="checkbox"/> Divorced adults <input type="checkbox"/> Empty nesters <input type="checkbox"/> Interfaith <input type="checkbox"/> Interracial <input type="checkbox"/> Jews by choice <input type="checkbox"/> LGBT <input type="checkbox"/> Parents of children w/special needs <input type="checkbox"/> Preschool age families <input type="checkbox"/> School age families <input type="checkbox"/> Seniors <input type="checkbox"/> Single parents <input type="checkbox"/> Single adults <input type="checkbox"/> Widowed adults <input type="checkbox"/> Other _____	<input type="checkbox"/> Adoptive/foster parents <input type="checkbox"/> Divorced adults <input type="checkbox"/> Empty nesters <input type="checkbox"/> Interfaith <input type="checkbox"/> Interracial <input type="checkbox"/> Jews by choice <input type="checkbox"/> LGBT <input type="checkbox"/> Parents of children w/special needs <input type="checkbox"/> Preschool age families <input type="checkbox"/> School age families <input type="checkbox"/> Seniors <input type="checkbox"/> Single parents <input type="checkbox"/> Single adults <input type="checkbox"/> Widowed adults <input type="checkbox"/> Other _____
---	---	---

Is there any other important information you wish to share with us?

Is there anything specific we can do at Temple Ner Tamid to help you and your family integrate into our community?

I/we hereby apply for membership in Temple Ner Tamid and agree to abide by its constitution, a copy of which is available at the Ner Tamid office.

Signatures

Adult #1 _____ **Date** _____

Adult #2 _____ **Date** _____

Payment/deposit enclosed with this application: \$ _____