

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

**2009-2010 MEMBERSHIP APPLICATION - PART 1: ABOUT YOU**

Please complete, sign and return with "Membership Application Part 2: Your Financial Responsibility" and your minimum deposit as described on that form.

We are delighted that you have decided to become a member of Temple Ner Tamid. We ask you to complete this application form, because the information you provide will make it easier for us to help you become part of the Ner Tamid community. If you have questions, call our VP of Membership, Jodi Nussbaum at 973.655.1739.

<b>Basic Facts About Adult Member(s)</b>	<b>Adult #1</b>	<b>Adult #2</b>
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 _____
Your first/middle names		
Your last name		
Your nickname		
Your sex	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male
Your date of birth		
Your E-Mail address (es)		

<b>Your Home</b>	
Home street/ mailing address	
City/state/ZIP	
Home phone(s)	
Home FAX	
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: _____

**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?**

- A current Ner Tamid member - who? \_\_\_\_\_
- Other - please describe \_\_\_\_\_

<b>Your Work Life</b>	<b>Adult #1</b>	<b>Adult #2</b>
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 street/mailling address		
City/state/ZIP		
Business phone number	(    )    - Extension:	(    )    - Extension:
Business FAX number	(    )    -	(    )    -
Business E-mail address		

**Your Children Under Age 23 Living at Home Full-Time**

<b>Basic Facts</b>	<b>Child #1</b>	<b>Child #2</b>	<b>Child #3</b>
First/middle names			
Last name			
Nickname			
Hebrew name			
Current school/grade			
Sex	<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			
E-Mail address			

**Your Children Under Age 23 Who Are Away at School/College or Not Living at Home Full-Time**

<b>Basic Facts</b>	<b>Child #1</b>	<b>Child #2</b>
First/middle names		
Last name		
Nickname		
Hebrew name		
Location-school name		
Mailing address		
City/state/ZIP		
Phone		
E-mail address		
Sex	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male
Date of birth		

<b>Your Religious Traditions</b>	<b>Adult #1</b>	<b>Adult #2</b>
Are you a: (Check one.)	<input type="checkbox"/> Born Jew <input type="checkbox"/> Jew by choice/convert <input type="checkbox"/> Non-Jew - which denomination/faith? _____	<input type="checkbox"/> Born Jew <input type="checkbox"/> Jew by choice/convert <input type="checkbox"/> Non-Jew - which denomination/faith? _____
Your 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
Your most recent synagogue affiliation (if any). Please list both the name and city.		
Please describe 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
Please check the box that 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)		

<b>Your Family Roots</b>	<b>Adult #1</b>	<b>Adult #2</b>
Your father's full name		
His Hebrew name (if known)		
Is your father:	<input type="checkbox"/> Living <input type="checkbox"/> Deceased	<input type="checkbox"/> Living <input type="checkbox"/> Deceased
Your mother's full name		
Her Hebrew name (if known)		
Is your mother:	<input type="checkbox"/> Living <input type="checkbox"/> Deceased	<input type="checkbox"/> Living <input type="checkbox"/> Deceased

<b>Yahrzeit Information</b>	<b>Adult #1</b>	<b>Adult #2</b>
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

Your Interests/Concerns	Adult #1	Adult #2
What attracted you to the Ner Tamid community?		
What is the most significant gap in your own Jewish education that you want to fill?		
What special skills or knowledge do you have that you'd like to use as an active Ner Tamid member?		
What aspects of Jewish family or community life are most important to you? Be as candid and specific as possible!		
Based on what you know about Ner Tamid from our literature, your friends or any other sources, how would you personally like to get involved in the Ner Tamid community? Check committees/groups or describe some other way you might want to become an active member of Ner Tamid.	<input type="checkbox"/> Adult Education <input type="checkbox"/> Membership <input type="checkbox"/> School Board <input type="checkbox"/> Temple Topics <input type="checkbox"/> Preschool <input type="checkbox"/> Religious Living <input type="checkbox"/> Tikkun Olam <input type="checkbox"/> Festival Havurot <input type="checkbox"/> Tarbut <input type="checkbox"/> Choir/Chorale <input type="checkbox"/> Interfaith Family <input type="checkbox"/> Klezmer Band <input type="checkbox"/> Chesed <input type="checkbox"/> Sisterhood <input type="checkbox"/> Blood Bank <input type="checkbox"/> Brotherhood <input type="checkbox"/> Israel/Overseas <input type="checkbox"/> Youth Groups <input type="checkbox"/> Finance <input type="checkbox"/> Seniors Group <input type="checkbox"/> Fundraising <input type="checkbox"/> House/Admin <input type="checkbox"/> Other - describe: _____ <input type="checkbox"/> Don't know. Call me.	<input type="checkbox"/> Adult Education <input type="checkbox"/> Membership <input type="checkbox"/> School Board <input type="checkbox"/> Temple Topics <input type="checkbox"/> Preschool <input type="checkbox"/> Religious Living <input type="checkbox"/> Tikkun Olam <input type="checkbox"/> Festival Havurot <input type="checkbox"/> Tarbut <input type="checkbox"/> Choir/Chorale <input type="checkbox"/> Interfaith Family <input type="checkbox"/> Klezmer Band <input type="checkbox"/> Chesed <input type="checkbox"/> Sisterhood <input type="checkbox"/> Blood Bank <input type="checkbox"/> Brotherhood <input type="checkbox"/> Israel/Overseas <input type="checkbox"/> Youth Groups <input type="checkbox"/> Finance <input type="checkbox"/> Seniors Group <input type="checkbox"/> Fundraising <input type="checkbox"/> House/Admin <input type="checkbox"/> Other - describe: _____ <input type="checkbox"/> Don't know. Call me.
What's the best time for you to be involved? Be as specific as possible about the times and days you're most likely to be available.	Times of day: <input type="checkbox"/> morning <input type="checkbox"/> afternoon <input type="checkbox"/> evening Days of week: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sat <input type="checkbox"/> Sun Seasons if applicable: _____	Times of day: <input type="checkbox"/> morning <input type="checkbox"/> afternoon <input type="checkbox"/> evening Days of week: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sat <input type="checkbox"/> Sun Seasons if applicable: _____
Please describe any past or current volunteer activism (not necessarily Jewish) that is very important to you.		

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

\_\_\_\_\_  
I/we hereby apply for membership in Temple Ner Tamid and agree to abide by its constitution and by-laws, copies of which are available at the Ner Tamid office.

**Your Signatures**

**Adult #1** \_\_\_\_\_ **Date** \_\_\_\_\_

**Adult #2** \_\_\_\_\_ **Date** \_\_\_\_\_

**Payment/deposit enclosed with this application: \$** \_\_\_\_\_