



TEMPLE EMANUEL

Member Information Sheet

Today's date: _____

Adults and children in your immediate family (who live with you):

First and Last Names, preferred pronouns	First and Second Hebrew Names	Date of Birth

Home address:

Street Address:	
City and State	
Zip Code	

Home and cell phone numbers for each adult (Circle preferred numbers for calls)

First Name	Home phone number	Cell phone number

Email addresses for each adult: We send statements and bulletins by e-mail when at all possible. Please circle the e-mail address(s) preferred for statements and bulletins

First Name	Primary e-mail	Secondary e-mail

Occupation for each adult: If you are retired, please tell us your previous occupation

First Name	Retired	Occupation or previous occupation

Emergency contact for each adult:

First Name	Name of Emergency Contact	Phone Number	E-mail

We want to be inclusive of all of our members. Please share with us any conditions or limitations for which you want us to make accommodations:

Jewish Background for each adult:	First Name _____	First Name _____
Religious Upbringing: Circle your answer or explain other. If you are non-Jewish, enter denomination and/or sect.	Reform / Conservative / Orthodox Non-Jewish: _____ Other: _____ None: _____	Reform / Conservative / Orthodox Non-Jewish: _____ Other: _____ None: _____
Father's Name		
Father's Hebrew Name		
Mother's Name		
Mother's Hebrew Name		

Yahrzeit record: Our congregation reads the names of deceased loved ones on the Friday evening during the Hebrew week of the anniversary of their passing. Please provide the English date of death and we will take it from there.

Name	Relationship (to whom)	Date of death

The Information on the following pages will be shared with the appropriate Temple Emanu-El Teams

Temple Emanu-El has a burial area in White Haven Cemetery, Pittsford, NY

If you already have your burial plot or plots, please share where they are

- Please contract me regarding burial plots
- Please contact me regarding memorial plaques

We value our sense of community for all of us. We invite you to participate in one or more of the following teams and activities. Please check the areas that you would like to learn more about. (If your family consists of more than one adult, write the first name of the interested adult(s) after each item chosen. Please do this for all of the following questions below)

- | | | |
|--|--|---|
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Tikkum Olam /Social Action |
| <input type="checkbox"/> Caring Community | <input type="checkbox"/> House (Physical plant)
& Grounds | <input type="checkbox"/> Ritual |
| <input type="checkbox"/> Cemetery | <input type="checkbox"/> Marketing/Publicity | <input type="checkbox"/> Torah Studies |
| <input type="checkbox"/> Finance and Budget | <input type="checkbox"/> Music. | <input type="checkbox"/> Jewish Studies |
| <input type="checkbox"/> Food (Onegs, Brunches,
Pot Lucks etc.) | <input type="checkbox"/> Membership | <input type="checkbox"/> Hebrew Studies |
| <input type="checkbox"/> Office Work | <input type="checkbox"/> Social Activities | <input type="checkbox"/> "Books 'N Bagels" |

Do you have any skills, talents, interests that you would like to share with us?

- | | | |
|---|--|---|
| <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Photography | <input type="checkbox"/> Lead a service |
| <input type="checkbox"/> Art/Design | <input type="checkbox"/> Legal | <input type="checkbox"/> Read Hebrew |
| <input type="checkbox"/> Crafts | <input type="checkbox"/> Writing/Editing | <input type="checkbox"/> Read Torah |
| <input type="checkbox"/> Sewing | <input type="checkbox"/> Computer | <input type="checkbox"/> Chant Torah |
| <input type="checkbox"/> Music/Theater | <input type="checkbox"/> Accounting | <input type="checkbox"/> Book discussions |
| <input type="checkbox"/> Nature/Outdoor | <input type="checkbox"/> Office | |

When are you available to attend activities, classes or programs?

- | | | | |
|--|--|--|-----------------------------------|
| <input type="checkbox"/> Weekday morning | <input type="checkbox"/> Saturday mornings | <input type="checkbox"/> Sunday mornings. | <input type="checkbox"/> off-site |
| <input type="checkbox"/> Weekday afternoon | <input type="checkbox"/> Saturday afternoons | <input type="checkbox"/> Sunday afternoons | |
| <input type="checkbox"/> Weekday evenings | <input type="checkbox"/> Saturday evenings | <input type="checkbox"/> Sunday evenings | |

Check off programs/classes/activities that would be of interest you:

- Adult Bar/Bat/Bax Mitzvah Class
- Cooking class
- Social Activities Group: such as going to movies, having dinner together, etc.
- Giving rides to services and events
- Planned charitable giving from your estate
- Tax advantages to charitable giving from IRA mandatory withdrawals
- Other suggestions for programs/classes/activities: _____

Members Directory

May we include your name and contact information in our members directory, available to our Team chairs and other members who need it for their Temple Emanu-El roles?

- Yes No

Photo Release

I/We the undersigned agree to grant Temple Emanu-El permission to us video, photos of my/our participation in congregational events. I/We further agree that any or all of the material photographed may be used, in any form, as part of any future publications to promote Temple Emanu-El.

Yes _____ No _____

Yes _____ No _____

Signature _____.

Signature _____

Introducing you

We'd like to introduce you (or re-introduce you) to our other members via our newsletter. If you would prefer to write your own introductory bio, please do so below and on the following page (just a paragraph or two is fine). Otherwise, a member of our congregation will be happy to contact you to interview you for the newsletter.

