

# TEMPLE HATIKVAH, HOMESTEAD JEWISH CENTER

183 NE 8 STREET  
HOMESTEAD, FL 33030  
USA

Phone 305-454-4944

## MEMBERSHIP APPLICATION

Please complete the following:

NAME(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME TEL#: \_\_\_\_\_ WORK TEL#: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

BEST TIME TO CONTACT YOU: \_\_\_\_\_

YOUR BIRTHDAY: month \_\_\_\_\_ day \_\_\_\_\_ SPOUSE'S BIRTHDAY: month \_\_\_\_\_ day \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

OTHER HOUSEHOLD MEMBER'S NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

OTHER HOUSEHOLD MEMBER'S NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

MEMBERSHIP CATEGORY (See attached sheet for descriptions and fees):

- Individual       Single Parent Family       Associate  
 Couple       Family       Special Circumstances

WEDDING ANNIVERSARY: \_\_\_\_\_

MAJOR INTERESTS, HOBBIES AND SKILLS: \_\_\_\_\_

YOUR OCCUPATION: \_\_\_\_\_ SPOUSE'S OCCUPATION: \_\_\_\_\_

PARTICIPATION IN OTHER COMMUNAL ORGANIZATIONS AND ACTIVITIES: \_\_\_\_\_

WOULD YOU BE INTERESTED IN VOLUNTEERING FOR THE TEMPLE: YES \_\_\_\_\_ NO \_\_\_\_\_  
IN WHAT CAPACITY?: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

Yahrzeit: (Anniversaries of deaths of loved ones)

Name	Relationship	Hebrew/English Date of Death
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____