

Approval Date:
 (410) 939-3170 <http://templeadasshalom.org/>

Membership Committee:

Name for 1 st Member: _____		Name for 2 nd Member: _____	
Personal Email: _____		Personal Email: _____	
Hebrew Name: _____		Hebrew Name: _____	
DOB: _____	Cell Ph: _____	DOB: _____	Cell Ph: _____
Jewish: Yes or No	Kohain, Levite, Israelite, IDK	Jewish: Yes or No	Kohain, Levite, Israelite, IDK
Street Address: _____			
City: _____		State: _____	Zip Code: _____
Home Phone: _____		Work Phone: _____	
Wedding Anniversary: _____		Previous Synagogue & Year of Affiliation: _____	

Tell us about yourself :

How would you like your name(s) and title(s) to appear in our directory and mailings?

I/We hereby apply for membership of the Temple Adas Shalom. If accepted, I/we agree to abide by and conform to it's bylaws. Furthermore, I/we undertake to pay all dues when called to do so.

Signature(s) _____ Date: _____

Dependent Children/Adults Living at Home

Name for 1 st Dependent: _____	DOB: _____	Male
	Personal Email: _____	Female
	Hebrew Name: _____	Grade: _____
Name for 2 nd Dependent: _____	DOB: _____	Male
	Personal Email: _____	Female
	Hebrew Name: _____	Grade: _____
Name for 3 rd Dependent: _____	DOB: _____	Male
	Personal Email: _____	Female
	Hebrew Name: _____	Grade: _____

We very much appreciate a family photo returned with this membership application.

Member 1		Activities and Committees	Member 2	
Interested in Participating	Willing to serve on committee		Interested in Participating	Willing to serve on committee
		Adult Education		
		Art and Design		
		B'Nai Brith		
		Building Maintenance		
		Caring		
		Children Services/Tot Shabbat		
		Community Outreach/Social Action		
		Finance		
		Fundraising		
		Garden		
		Kitchen		
		Library		
		Membership/Welcoming		
		Music, Choir, Instrument		
		Newsletter/Advertising		
		Office Volunteer/Admin		
		ONEG Committee		
		Preschool		
		Purim Carnival		
		Religious Practices/Service Leader		
		Religious School/Teacher/Specials		
		Sanctuary/Book Room		
		Sisterhood		
		Social Activities		
		Technology		
		Youth Activities		

Rabbi Gila Ruskin Ba'al Korei Sigmund Gast	Co-President Linda Needel Co-President Wendy Drabinski Vice President - Membership Naomi Walton Vice President - Education Staci Magee Secretary Jonas Vogelhut Treasurer Brian Schorr Immediate Past President Charna Kinneberg Religious Practices - Co-Chair Melissa Brown Religious Practices - Co-Chair Mark Wolkow Adult Education Chair David Bober Building/Ground Chair Fred Edeson Caring Committee - Co-Chairs Paula Mathai Caring Committee - Co-Chairs Paula Mullis Cemetery Chair Melissa Brown Emeritus Jayne Klein Fundraising Co-Trustee Alli Baker Fundraising Co-Trustee Randi Chancey Preschool Committee Chair Pat Wolkow Religious School Co-Chair Joel Yoffee Religious School Co-Chair Jill Young Social Action Julie Sang Social Trustee Michael Herrin Technology Chair Stu Needel
TEMPLE STAFF	
Religious School Principal Jennifer Bober Preschool Director Kristi Schwartz Administration/Webmaster Courtney Marcheski Bookkeeper - Accounts Payable Kristi Schwartz Bookkeeper - Accounts Receivable Amy Schoenberger Temple Shamas Irwin Rosenfeld	
TEMPLE EVENT/SHOPPING STAFF	
Catering Committee Robin Way Choir Director Michael Mullis Sisterhood Gift Shop Pat Wolkow	
TEMPLE GROUP STAFF	
ASTY President Sophie Schorr ASTY Advisor Naomi Walton B'nai B'rith President Dr. Andrew Fridberg Oneg Chair Charna Kinneberg Sisterhood President Elise Woods Senior Birthday Lunch Pat Wolkow	

Yahrzeit

Name	Hebrew Name	Relationship to:	Date of Death, AM or PM

Yahrzeit plaques are \$300.00 for members. Would you like information on purchasing Yahrzeit plaques? YES NO

Would you like your loved ones written in our Book of Remembrance (\$50+ per year)?

YES (This Year) YES (Always-Bill my account) NO

Cemetery

Cemetery Plats are \$_____ for members when purchased in advance, \$_____ when purchased at time of need.

I/We have ___ have not ___ made arrangements at a cemetery. If you have, please give us the name/location.

I/We are ___ are not ___ interested in a cemetery space at the Temple Adas Shalom Cemetery. (Please consult with the Rabbi if you have any special or specific instructions.)

For internal use:

Revised 0915

Date Received	Date Rakefet Updated:	Date CallFire Updated:
Notified Membership	Notified Youth	Notified Sisterhood
Notified Rabbi	Notified Religious School	Notified Caring