

Account ID# (Office use only): _____

Family Name (Account Name) _____

ADULT MEMBER 1
 Dr. Mr. Mrs. Ms. (other) _____

 Married Single Divorced/Separated Domestic Partnership

Marriage Date ____/____/____

Birthdate ____/____/____

First Name _____

Last Name _____

Nickname (Optional—preferred name) _____

Maiden Name _____

(Primary Residence) Address _____

City _____ State _____ Zip code _____

(Secondary Residence) Address _____

City _____ State _____ Zip code _____

Home Phone # _____

Fax Phone # _____

Cell Phone # _____

Email _____

Business Name / Employer _____

Occupation _____

Business Address _____

City _____ State _____ Zip code _____

Business Phone # _____

Business Email _____

ADULT MEMBER 2
 Dr. Mr. Mrs. Ms. (other) _____

Birthdate ____/____/____

First Name _____

Last Name _____

Nickname (Optional—preferred name) _____

Maiden Name _____

Cell Phone # _____

Email _____

Business Name / Employer _____

Occupation _____

Business Address _____

City _____ State _____ Zip code _____

Business Phone # _____

Business Email _____

CHILDREN

1. _____ Full Name _____ Hebrew Name (if known) ____/____/____ Birthdate _____ Gender	2. _____ Full Name _____ Hebrew Name (if known) ____/____/____ Birthdate _____ Gender	3. _____ Full Name _____ Hebrew Name (if known) ____/____/____ Birthdate _____ Gender	4. _____ Full Name _____ Hebrew Name (if known) ____/____/____ Birthdate _____ Gender
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IF DIVORCED OF SEPARATED, CHILD(REN)'S OTHER PARENT:

Parent Full Name: _____

Child(ren)'s Name(s): _____

Address: _____

Phone #: _____

RELATIVES WHO ARE OR HAVE BEEN MEMBERS OF WESTCHESTER REFORM TEMPLE:

Full Name: _____

Relationship _____

Full Name: _____

Relationship _____

FAMILY EMERGENCY CONTACT:

Name: _____ Phone #: _____ Relationship: _____

ADULT MEMBER 1

Please tell us about your religious identification?: _____

Hebrew Name (if known): _____

Yahrzeit Reminders: Please remind me of these dates by: English Calendar Hebrew Calendar

	Full Name	Relationship	Date of Death
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

ADULT MEMBER 2

Please tell us about your religious identification?: _____

Hebrew Name (if known): _____

Yahrzeit Reminders: Please remind me of these dates by: English Calendar Hebrew Calendar

	Full Name	Relationship	Date of Death
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

Are there accommodation needs for a family member?: _____

List skills or interests you would like to share with WRT: _____

Previous Congregational Affiliation (within the last 5 years): _____

Comments:

To the Board of Trustees of Westchester Reform Temple: I hereby apply for membership in Westchester Reform Temple.

Signature: _____ Date: _____