



Rabbi Laurie Green, Interim Rabbi  
Rabbi Miriam Terlinchamp, Rabbi Emerita  
Rabbi Gerry Walter, Rabbi Emeritus  
Robin Miller, President  
Mary Jo McClain, Executive Director  
Jenny Costello, Administrator

*Spiritual meaning and purpose are the center and focus of everything we do.*

**Become a Chaver** ["khah-VEHR"], **Chaverah** ["khah-VEHRAH"] / **Become a Friend of Temple Sholom**

## CONTACT INFORMATION

The information you provide will be kept confidential and is intended only for our records. If you have any questions, please contact the Temple office at 513.791.1330 or [office@templesholom.net](mailto:office@templesholom.net).

### Chaver/Chaverah 1

\_\_\_\_\_  
Last First Middle Title

\_\_\_\_\_  
 Home address City State Zip

\_\_\_\_\_  
 Mailing address (if different from above) City State Zip

### Chaver/Chaverah 2

\_\_\_\_\_  
Last First Middle Title

\_\_\_\_\_  
 Home address City State Zip

\_\_\_\_\_  
 Mailing address (if different from above) City State Zip

### Chaver/Chaverah 3

\_\_\_\_\_  
Last First Middle Title

\_\_\_\_\_  
 Home address City State Zip

\_\_\_\_\_  
 Mailing address (if different from above) City State Zip

If you have more than one residence listed above, please indicate at which address you prefer to receive mailings.

## CHAVERIM/CHAVEROT INFORMATION

Please check one:

- Single       Separated       Divorced       Widow/er  
 Engaged       Partnered       Married; Wedding Date: \_\_\_\_\_       Other

	Chaver/Chaverah 1	Chaver/Chaverah 2	Chaver/Chaverah 3
Hebrew Name			
Preferred pronoun			
Religious affiliation if not Jewish			
Birthday (mm/dd/yyyy)			
Home phone			
Cell phone			
Preferred email			
Occupation			

## CHILDREN INFORMATION

If applicable, please provide the following information as it applies to minor children (for additional minor children or special information, please attach a supplemental sheet):

	Child 1	Child 2	Child 3
First and Middle Name			
Last Name			
Preferred Name			
Hebrew Name			
Preferred Pronoun			
Date of Birth			
Bar/Bat Mitzvah Date			
Date Confirmed			
Name of School			
Current Grade			

If applicable, please fill in the following information as it applies to your children 18 and over:

	Child 1	Child 2	Child 3
Full Name			
Preferred Pronoun			
If college student: School and expected date of graduation			
Address if not living with you (please specify if college address)			
Email Address			

## FURTHER INFORMATION

How did you hear about us?

- Temple website
- Live in neighborhood
- Union of Reform Judaism (URJ) directory or website
- Other website/social media:

- Jewish publication \_\_\_\_\_
- Referred by: \_\_\_\_\_
- Other: \_\_\_\_\_

Reasons for being a part of our community?

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Religious School</li> <li><input type="checkbox"/> B'nai Mitzvah</li> <li><input type="checkbox"/> Clergy</li> <li><input type="checkbox"/> Marriage ceremony</li> <li><input type="checkbox"/> Youth programs</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Worship service</li> <li><input type="checkbox"/> Adult learning</li> <li><input type="checkbox"/> Community</li> <li><input type="checkbox"/> New to area</li> <li><input type="checkbox"/> Other: _____</li> </ul> |
|---|--|

## FRIENDS AND RELATIVES INFORMATION

Please list close friends or relatives who are already a part of the Temple Sholom family and their relationship to you (ex. Sarah Cohen/Ben's cousin):

Name	Relationship

## Yahrzeit Information

If you have any yahrzeit(s) to commemorate, please provide the information below. Please check which date - Hebrew or secular - you would like used in commemoration of your yahrzeit. We will send you a reminder prior to this date. The name of your beloved will be read during the corresponding Shabbat service.

Name	Hebrew Name	Secular Death Date	Hebrew Death Date	Before/After Sunset	Relationship to which Chaver/Chaverah
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

Check this box if you are interested in a memorial plaque to honor the sacred memory of your loved one

**COMMUNITY INVOLVEMENT – FINDING YOUR PLACE AT TEMPLE SHOLOM**

We encourage everyone to find their place in our community. Please indicate if you or a member of your family would like additional information or are interested in participating in the programs below. A community representative will reach out to you.

- Book club
- Education/Life-long learning
- Fundraising
- General volunteering - ushers, greeters, service readings, etc.
- GPS – Going Places with Temple Sholom
- Music or Playing a Musical Instrument: \_\_\_\_\_
- Ritual
- Social action/Social justice
- Youth programming/youth group
- Other interests/passions: \_\_\_\_\_

I am interested in contributing to the Temple Sholom community by (please check all that apply):

- Offering professional skills or services to Temple operations \_\_\_\_\_
- Mentoring a congregant entering a similar profession \_\_\_\_\_
- Sharing life experience with a congregant going through a similar situation \_\_\_\_\_
- Offering other skills or services to the Temple (please list below i.e. photography, crafts, organizing, computer skills, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

We are so happy to have you join our community at Temple Sholom! We are delighted that you have chosen to be a part of our congregation. Welcome home to Temple Sholom!

X \_\_\_\_\_  
 Chaver/Chaverah Signature Date

X \_\_\_\_\_  
 Chaver/Chaverah Signature Date

X \_\_\_\_\_  
 Chaver/Chaverah Signature Date

**Thank you! You will be hearing from Temple Sholom staff shortly.**

**FOR OFFICE USE ONLY**

Notes: \_\_\_\_\_

Entered into ShulCloud by: \_\_\_\_\_

Referred to \_\_\_\_\_ Date \_\_\_\_\_

Referred to \_\_\_\_\_ Date \_\_\_\_\_

Referred to \_\_\_\_\_ Date \_\_\_\_\_

Referred to \_\_\_\_\_ Date \_\_\_\_\_