



Rabbi Ari Jun, Senior Rabbi
 Rabbi Miriam Terlinchamp, Rabbi Emerita
 Rabbi Gerry Walter, Rabbi Emeritus
 Robin Miller, President
 Mary Jo McClain, Executive Director
 Jenny Costello, Senior Administrator
 Samara Katz, Religious School Director
 Jack Johnson, Music Director
 Autumn Lees, Administrative Assistant

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.

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 a college student:			
Address if not living			
Email Address			

FURTHER INFORMATION

How did you hear about us?

- Temple website
- Live in the 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?

- Religious School
- B'nai Mitzvah
- Clergy
- Marriage ceremony
- Youth programs
- Worship service
- Adult learning
- Community
- New to the area
- Other: _____

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 _____